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EPITOME

OF

SKIN DISEASES,

WITH FORMULÆ.

FOR STUDENTS AND PRACTITIONERS.

BY *C*

TILBURY FOX, M.D., F.R.C.P.,

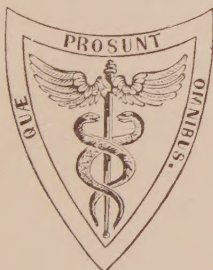
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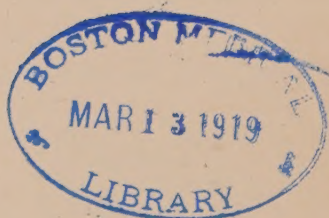


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PREFACE.

THIS little work epitomizes in a short compass the clinical features and the essential points in the treatment of diseases of the skin.

The book can be easily carried in the pocket—an advantage to the student; and it is believed that it will be of much service to him in the Hospital wards and out-patient room, in his early study of dermatology, no less than in his final preparations for the ordinary pass examinations.

The work is also intended for ready reference by the practitioner in daily practice. It is adapted for this purpose on account of the particular references made in the text, in the sections on treatment, to particular formulæ contained in the third part

of the book as suitable for use against conditions of disease specially defined in the text.

The work, however, in no way supersedes larger works on the subject of skin diseases.

TILBURY FOX,

T. C. FOX.

14 HARLEY STREET, CAVENDISH SQUARE,

Oct. 1st, 1876.

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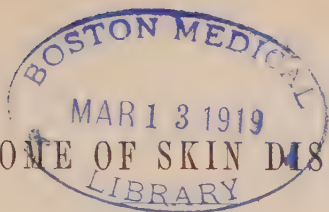
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EPITOME OF SKIN DISEASES.

PART I.

GENERAL OBSERVATIONS ON SKIN DISEASES.

SECTION I.

INDICATIONS FOR THE STUDY OF SKIN DISEASES.

IN the successful clinical study and management of skin diseases, there are one or two important considerations which should never be lost sight of by the practitioner or the student.

Firstly, as to the general character of skin eruptions.—There is nothing really special in their pathology. It has been a common remark that the study of skin diseases is bewildering on account, amongst other reasons, of the infinite variety of forms and aspects assumed by eruptions, and the multitudinous names given in consequence. Until lately there certainly was much truth in such a statement, but now researches in cutaneous pathology are fast clearing the path to a more correct knowledge of skin affections, whilst difficulties are rapidly vanishing, especially by the breaking down of those artificial distinctions which have so multi-

plied varieties and terms. It is now manifest that similar morbid processes go on in the skin and in other parts of the body. Indeed, day by day it is becoming more possible to group skin diseases according to their pathological affinities exactly on the same plan as other diseases. This fact in itself testifies abundantly to the clear insight already gained into the subject, and it also explains the circumstance that the student of to-day, who is compelled to acquire pathological knowledge in general, discovers that the study of skin diseases is rendered comparatively easy because of the analogy existing between the facts of general and skin pathology. He does not find himself dealing with strange topics or data, but recognizes familiar appearances, changes, and causes, in morbid action. It is most important then to understand that there is nothing essentially special in cutaneous pathological changes as compared with those which occur in other parts.

Secondly, as to the mode of examining skin diseases.—In diagnosing a great error is commonly committed by attempting to recognize them from a too partial examination of the phenomena they present either to the senses of the practitioner or in their histories. Practitioners and students, as the rule, content themselves with diagnosing from sight alone; they make a venture at the diagnosis from the aspect alone, but only to be often signally wrong. Without a correct diagnosis successful treatment

cannot be confidently expected, but must be more or less chance work. In some, and indeed many cases, no doubt the nature of the disease can be made out correctly at once from inspection, and that even of a partial kind, inasmuch as the eruption assumes from the outset and preserves throughout its course its typical characters. In other instances, on the contrary, this is difficult or impossible without careful inspection of many parts of the disease in several localities in a given patient, or an inquiry into the previous history of its course; for many skin diseases are made up of stages, and, at the time of observation, these may vary greatly in different parts, and the typical characters may not be distinctly recognizable or may be masked by accidental concomitants. And further, parts only or stages of different diseases often present a likeness to one another and may convey a very imperfect picture of the disease. To avoid error, then, the diagnosis should be based upon the phenomena or features presented by any given disease as a whole, and not upon any particular portion of that disease.

It follows, therefore, from what has just been said, that there are two useful rules to be observed in making a diagnosis. The first is this:—

All diseased places, or as many as possible, in a patient should be carefully examined, and not one only or one here and there, for the simple reason that the eruption may be at very different stages of development, and therefore present very diverse aspects in different localities in the same patient.

The object of this examination is to trace out the origin and course of the disease, and to link together the various stages into a complete history which will answer in its clinical features to an authoritative standard description of the disease whatever it may be. During this examination special attention should be directed to the character of the newest developments, and, if there be none of the kind, to the extending edge of patches which always constitutes the most recently developed parts of the disease, and therefore best portrays the primary lesion. Complications are more likely to be unravelled by attention to this point.

The second rule is this:—

Where the earlier stages in any given case are not recognizable, careful inquiry should be made into the history by interrogation of the patient as to the changes that have occurred before the disease came under observation, with a view to discover its nature.

Very frequently no fresh developments of the eruption are taking place and no extension of a patch has occurred for some time, the malady having become chronic and indolent and having lost its typical features; then the only way of making a diagnosis is by observing this second rule. For example, an eczema is characterized mainly by a peculiar discharge, but the discharging stage is frequently over before the case comes under the care of the medical man, and the disease may present a dry and scaly appearance, and so be

mistaken for psoriasis, a fact of not unfrequent occurrence. And again a disease essentially papular may have become inflamed and encrusted, and its true nature may be overlooked, unless the history be carefully inquired into.

By the observance of these two rules, the elementary lesion and the characters of the different stages of any given disease, are ascertained, and with these the observer should form a picture of the malady, and so make an accurate diagnosis, just as the child with his dissected puzzle puts together the animal or landscape bit by bit, to form the desired whole.

Thirdly, as regards complications.—It should never be forgotten that two or more eruptions may occur together, and their characters be mingled in varying proportions. Examples of this are found in the concurrence of urticaria and eczema, of syphilitic rash and chloasma, of lichen and urticaria, of ecthyma and scabies, of purpura and urticaria, of eczema and scabies or furunculus, and so on. The fact here indicated should never be lost sight of, though, on the other hand, multiformity of eruption is by no means sufficient evidence, yet it is suggestive of the coexistence of two or more distinct diseases; especially if scabies and syphilis be left out of the question.

Fourthly, as regards modifications of eruptions.—There are many influences modifying the aspect and general character and behavior of skin diseases, that have to be taken into account in dealing with

the treatment. It is necessary for the physician not only to recognize any particular kind and form of skin eruption, but to appreciate the part played by various concomitant conditions in the individual, such as diathesis, blood state, special causes inducing an inflammatory character or leading to unusual pus formation or undue chronicity, and the like. The evil influences of such conditions must be thwarted, so as to pave the way for the proper action of curative measures directed against the disease as a disease in the abstract.

A few useful particulars or hints may be introduced here. Diseases of the skin are spread or take on an inflammatory character, or the changes in the skin are exaggerated, by exposure to all irritating agencies, heat, cold, scratching, the contact of acrid substances of all kinds, as by the handling of lime, sugar, soda, respectively by bricklayers, grocers, and washerwomen. So, too, an inflammatory aspect is given to eruptions by acridities in the blood, as in gouty or rheumatic subjects, in dyspeptics, and in those in whom the bile acids or retained effete matters are present in undue amount in the blood. Eruptions in strumous subjects are attended by more or less pus formation unusual to them under other conditions. Undue chronicity is occasioned oftentimes by the existence of nervous or general debility; for nature then lacks the natural recuperative power, and cannot exert it in aid of the cure.

The questions of age, sex, occupation, mode of

life, and the general medical history of the patient, have to be considered, and will be incidentally referred to in other places. Attention to the four indications already discussed will, however, be found of essential importance in the successful study or treatment of a skin disease. It may be observed, however, as regards age, that one essential difference between the cutaneous diseases of young life as compared with those occurring in the middle-aged and old, consists in the fact that the former are often the result of imperfect digestion and assimilation, whereas the latter are induced by mal-influences connected with the habits and occupations and wear and tear of adult life, and degeneration of structure in the old, and are *modified* by a number of functional and organic diseases of internal organs, which have not had time nor opportunity to develop in the young.

SECTION II.

ELEMENTARY LESIONS.

The elementary lesions are the types of form and aspect presented by skin eruptions. The student is required to know these at examinations, and a description of them will constitute a general outline of the pathology of the skin. They are nine in number, viz.: Maculæ or stains; redness or hyperæmia; wheals; papules; vesicles; bullæ or blebs;

pustules; squamæ or scales; and tubercles or large papules.

Maculæ or Stains may be—

- a. Pigmentary in nature when they are due to the presence of altered coloring matter of the blood. The stains may be *secondary* to other diseases—*e.g.*, syphilis; or *physiological*—*e.g.*, pregnancy; or *associated* with certain cachexiæ—*e.g.*, Addison's disease and leprosy. They may be *primary or idiopathic*, and are generally left after hyperæmia caused by irritants.
- b. Chemical, as in the case of stains from iodine, silver, bile acids, etc.
- c. Parasitic, due to the presence of fungus elements—*e.g.*, tinea versicolor.
- d. Hæmorrhagic—*e.g.*, purpura due to extravasated blood.

Redness or Hyperæmia may be active (arterial) or passive (venous). Active hyperæmia consists of redness removable by pressure. It may be punctiform—*e.g.*, strophulus; or patchy—*e.g.*, roseola; it is often accompanied by swelling from effusion—*e.g.*, erythema papulatum; by disordered sensation (pruritis); by slight rise in temperature; it is often followed by desquamation, and occasionally exudation. It is caused by local irritants, by changes in the blood, and by excitation of the nerves.

Wheals are raised hyperæmic swellings, that

have a palish centre, and rapidly form to as rapidly disappear. They are typically portrayed in the sting of the nettle. It is supposed that they are caused by sudden dilatation of a bunch of capillary vessels and escape of serosity. They are accompanied by heat and great tingling. Some suppose the vessels beyond the point of dilatation are in a state of spasm. Wheals are characteristic of urticaria.

Papules, or pimples, are little solid raised formations in the skin. They may be due to hyperæmia of the papillæ forming bright red points—*e.g.*, in strophulus; or may consist of hyperæmic, turgescerent, and erected follicles—*e.g.*, lichen tropicus or prickly heat; or due to deposit of lymph or the like about the walls of the follicles—*e.g.*, lichen planus; or are solid lymph formations or cell growths in the derma proper—*e.g.*, lichen, prurigo, syphilis; or may be due to an epithelial collection in the follicles—*e.g.*, pityriasis pilaris; or may be formed by hypertrophy of normal structure—*e.g.*, papillary warts.

Vesicles are upliftings of the cuticle into minute bladders by fluid—sweat or serosity; they are solitary or compound. Solitary vesicles may be due to sweat between the strata of the horny layer of the cuticle—*e.g.*, sudamina; if larger (bullæ) by serosity between the horny and mucous layers of the cuticle—*e.g.*, pemphigus. All others are compound, and the fluid is collected in loculi

formed by the stretched-out cells of the rete—*e.g.*, variola, herpes, erysipelas, blister, eczema. Further, in sudamina, blister, and pemphigus the fluid is sweat or serous; in variola, eczema, and herpes, exudation and pus cells in addition are present in the rete, in the papillæ, and the corium, which also gets thickened if the inflammation becomes chronic.

Bullæ are simply large vesicles, and their structure the same. In syphilis bullæ may occur, and then the contents become sanious, whilst ulceration is superadded. But usually the bullæ become tense with clear contents, then their contents get opalescent, the bullæ become flaccid and shrivel away, leaving only a red mark, without change in the cutis.

Pustules are elevations of the surface by pus rapidly formed. They are accompanied by more inflammation than vesicles, and by a deeper affection of the tissues, but the loculi containing pus are similar in structure to those of vesicles. The pustules of ecthyma are large and deep seated, and possess painful indurated bases.

Squamæ or Scales are formed of detached epidermic scales. They differ from crusts, which are formed by dried discharge. Scaliness occurs as a secondary consequence in all inflammatory skin diseases; squamæ, particularly as an essential part of squamous inflammation—*e.g.*, psoriasis, pityriasis rubra; and in hypertrophic conditions.

Tuberculum is a solid fleshy lump in the skin, formed by the growth of new tissue. It is HOMOLOGOUS—*e. g.*, fibroma, keloid, in which the connective tissue is involved; or HETEROLOGOUS—*e. g.*, cancer, lupus.

There are certain "Secondary Changes" deserving of notice. They are—

Crusting, in which crusts form by the drying up of discharge either poured free upon the surface through the inflamed derma—*e. g.*, eczema; or from ruptured bullæ—*e. g.*, rupia; or discharged by an ulcerating surface. They may be due to sebum collected in masses, or to fungus elements—*e. g.*, favus. Crusts formed from the escape of serum are thin and bright coloured; from dried pus, thick and yellow; from drying of bullæ, as a rule, thin and slightly dark; from drying of sanious pus from ulcers, thick, dark coloured, and heaped up; from collected dried sebum, flat, easily detached, and greasy; in favus, pulverulent, honey-combed, and sulphur-yellow.

Ulceration is usually the result of cachectic inflammation, such as the strumous or syphilitic; or of new growths replacing the normal textures, and themselves softening and decaying, as in lupus and cancer; or it follows the softening of actual outgrowths from the skin, as in fibroma and yaws.

Excoriation is the exposure of the true skin without its removal, and is due to scratching or rubbing. Its seat is suggestive—on the front of

the forearms and the thighs—of scabies, and about the clavicles and shoulders—of phthiriasis.

Scars are left by traumatic injuries; caustics; and by certain diseases which ulcerate, such as variola, furunculus and anthrax, pustula maligna, strumous and syphilitic disease. They signify that the true skin has been removed, and replaced by “*cicatricial tissue*.”

SECTION III.

CLASSIFICATION, OR DIAGNOSTIC CHART OF SKIN DISEASES.

The following list, or semi-chart, conveys a good general idea of the various eruptions met with in the skin, and regarded from a clinical point of view. The list comprises:—

1. Eruptions occurring in connection with the acute specific or zymotic diseases, including the *variolous* rash, *roseola variolosa*, *vaccinia* and *roseola vaccinia*, the rashes of *typhus*, *typhoid*, *rubeola*, *rubeola notha*, *scarlatina*, *glanders*, and *farcy*, and *dengue*. These are important in reference to the differential diagnosis of skin diseases.

2. Eruptions, the local manifestations of DIATHETIC STATES, comprising *serofuloderma*, or serofulous inflammation; *syphilodermata*, or syphilitic eruptions; *leprous* eruptions; *frambæsia* or yaws;

eruptions occurring in connection with endemic cachexiæ, such as the Paranghi disease of Ceylon, etc.

3. Local inflammations, comprising:—

Erythematous inflammation; chief feature hyperæmia, with or without some slight consequent effusion of serosity.

Erythema, intertrigo, roseola, urticaria.

Catarrhal, characterized by serous effusion into papillary layer, running on to sero-purulent discharge and crusting.

Eczema, impetigo.

Plastic, essentially papular, due to effusion of plastic lymph into the papillary layer, and sometimes the deeper dermic layer.

Lichen, prurigo.

Bullous, chief feature the development of bullæ.

Herpes, pemphigus, hydroa.

Suppurative, essential lesion pustules, superficial and painless, or deeply seated and painful.

Impetigo contagiosa, ecthyma, furunculus.

Squamous, characterized by hyperæmia of the derma, and hyperplastic growth of cuticle.

Pityriasis rubra, psoriasis.

4. Hypertrophic and atrophic diseases:—

A. Hypertrophic.

Epithelial layers mainly affected.

Pityriasis, warts, corns, xeroderma, and ichthyosis.

Connective tissues of the skin specially involved.

Keloid, fibroma, morphea, scleroderma.

B. Atrophic.

Senile atrophy, linear atrophy, general marasmus.

5. New formations, the characteristic being the growth of new tissue made up of granulation cells, or altered and proliferating connective tissue cells.

Lupus, cancer, rodent ulcer.

6. Hæmorrhagic (cutaneous), effusion of blood, uninfluenced by pressure—in points or patches.

Purpura.

7. Neuroses, in which the nerves are primarily disordered, and there are no organic changes at the outset.

Hyperæsthesia, anæsthesia, pruritus.

8. Pigmentary alterations, consisting primarily of deposits or alteration of pigment. Pigmentation, *secondary* to other diseases, is not included here.

Melasma, leucopathia, xanthoderma, etc.

9. Parasitic diseases, comprising:—

A. Animal.

Scabies, phthiriasis, eruptions due to gnat bites, fleas, etc.

B. Vegetable.

Tinea favosa, tinea tonsurans, tinea circinata, tinea kerion, tinea versicolor, tinea sycosis, tinea decalvans, onychomycosis.

10. Diseases of the glands and appendages,
divisible into:—

- A. *Diseases of the sweat glands and follicles*, as excessive secretion (hyperidrosis); diminished secretion (anidrosis); altered secretion (chromidrosis, osmidrosis); congestive and inflammatory (miliaria, sudamina, lichen tropicus, strophulus, dysidrosis, hydroadenitis); and sweat cysts.
- B. *Diseases of the sebaceous glands*, as excessive secretion (seborrhœa); diminished secretion (asteatodes); altered secretion, with or without retention (allosteatodes, xanthelasma); retention of secretion without inflammation (molluscum, horns); slight retention with inflammation (acne).
- C. *Diseases of the hair and hair follicles*, as excessive growth (hairy nævi, moles, hirsuties); diminished growth, constituting partial or absolute baldness (alopecia); textural alteration (fragilitas); inflammation of the follicles (sycosis).
- D. *Diseases of the nails*, including: changes occurring in syphilis, lichen ruber, general eczema, psoriasis, pityriasis rubra, and struma; inflammation of the matrix, as in onychia; parasitic disease termed onychomycosis, caused by the favus parasite or the trichophyton; hypertrophy, atrophy, and corn of the nail.

There are then ten groups of skin diseases—viz.: the eruptions of the Acute Specific Diseases; Local Inflammations; Diathetic Diseases; Hyper- and Atrophic Disease; New Formations; Hæmorrhagic, Neurotic, and Pigmentary Diseases; Disorders of the Hair and Glands and their Appendages. Such is the clinical classification that may be given at an examination. Every skin disease must fall into one of these groups, and it soon becomes an easy matter to refer any disease before the observer to its proper class

SECTION IV.

THE CAUSES OF SKIN DISEASES.

In the previous section a general summary has been given of the different varieties of skin diseases in the form of a tabular classification. In this section a sketch is furnished of the causes of those diseases, and they may be conveniently ranged under two heads:—

1. Those which act from within the system upon the skin, or *internal* causes.
2. Those which act from without, or *external* causes.

There are some who think that the latter are much more frequently in operation and much more potent than the former, but it is very doubtful if such is really the case.

A. Internal Causes.—Amongst these the most important are: *a. Hereditary tendency* to a given disease, such as in the case of ichthyosis or psoriasis. It may give rise to a purely local affection, or to a more or less general disease—*i. e.*, one involving the skin locally and the general health as well. *b. Blood poisoning*, or impurification, by special animal or vegetable poisons, inducing specific eruptions, as in the acute specific diseases, syphilis, or that derived from eating shellfish, etc.; by deficient excretion or the retention of excreta in undue proportion, biliary, renal, or intestinal in nature, giving to the blood an acrid character; by long-continued dyspepsia, either from dietetic errors or otherwise; by the presence of medicinal substances—*e. g.*, potassium bromide, belladonna, or copaiba; by the accumulation of lactic or uric acids, as in rheumatism and gout, inducing eruptions and imparting an inflammatory character to them; by poverty which depraves the blood and leads to cachexia; by the imperfect fulfilment by organs of their natural functions, as menstruation, perspiration, and hepatic and renal disturbance. *c. Nerve disturbance*, which acts in one of four ways. Firstly, by inducing changes in the calibre of the vessels by which the blood supply and fluid transudation is altered, as in the Erythemata. Secondly, by directly encouraging tissue change, as in herpes and prurigo. Thirdly, by the loss of control over the skin nutrition, which follows from nervous debility, allowing morbid

action of all kinds in the skin to take place more readily. Fourthly, by the transmission of irritation through the reflex function by which eruptions may be excited or aggravated. *d. An innate disposition in the skin tissues themselves to take on a diseased condition.* This is a point on which special stress is laid. It is pretty certain that many diseases of the skin must originate in a disordered behavior of the very tissues themselves, and do not necessarily depend for their cause upon any general mal-nutrition. For instance, cancer is a case in point; and so also warty growths of all kinds, fibroma, keloid, and even lupus, are other illustrations of the same thing. In some cases there is just an excess of growth, a *plus* state of the nutrition of the tissue and nothing more; or it may be a *minus* condition. In other instances it is a perverted nutrition, a deviation in the type of the tissue, as in cutaneous cancer. In fact, Group IV., and many of the diseases in Group 10 of the classification illustrate this point. It is asserted by most writers that such changes—hypertrophy and atrophy—are, in reality, merely the consequence of the presence in the blood of a greater or less amount of the pabula of the particular tissues affected. But if these pabula be in excess, which is unproved, the hypertrophy would not occur unless the tissues were disposed to make use of them fully, and, if such a disposition existed in a degree less than that of healthy nutrition, atrophy would result. So that, after all, the “formative capacity” of the tissues

themselves is an important element in these *plus* and *minus* states of growth, and the explanation given above may be true, for if the tissues themselves exhibit a tendency to hyperplasia, nature will answer the *demand* for an increased supply of pabulum. In the case of perverted nutrition (heterologous formation) the changes are explained more readily by a perversion of the "formative capacity" than by altered character of growth, the consequence of a supply of a modified kind of pabulum.

e. Climacteric or endemic influences induce skin disorder by depraving the nutrition of the body as a whole, as in Elephantiasis Arabum, Frambæsia, etc.

B. External Causes.—Some of these influence the general health for evil, and so disorder the skin indirectly; others act directly upon the skin.

1. Amongst the external causes acting *directly* upon the skin, the most important are: *Scratching*, which may excite and always aggravates disease, and may, in contagious cases, spread it from place to place, as in scabies and contagious impetigo.

Local irritants of all kinds—ex., cold, heat, friction, flannel worn next to the skin, irritants, plasters, fluids, and applications of all kinds; irritating substances, such as lime, sugar, flour, washing soda: producing bricklayers', bakers', grocers', and washerwomen's itch; unwholesome handicrafts; dyes, contusions, animal and vegetable parasites of all kinds; medicinal applications, and *want of care of the skin* in the dirty and ill-fed.

2. Amongst the external causes that act *indirectly* upon the skin, through their influence upon the general health, may be mentioned: Want of cleanliness, climatic influences, defective clothing, neglect, and the like; animal poisons inoculated into the skin, etc.

Clinically, it is of the highest moment to be acquainted with the fact that, as a rule, these several causes not only vary in character, but do not operate in a solitary or individual way. To put it in another way: (1) these influences or agencies are, in reality, divisible into *predisposing*, *exciting*, *producing*, and *intensifying* causes; and further (2) the true cause of the state of any given disease is made up of a number of phenomena or agencies in combined operation. These are points of great practical importance in reference to the treatment of skin diseases.

In reference to the first point, it may be said that many so-called local causes only predispose, though they usually excite, to eruption. For instance, take the case of debilitating occupations, which render a man much more liable to be affected by the handling of irritants, or the influence of climate, by which the system generally is disordered with the skin, and the latter so rendered liable to disease. Other causes act as pure excitants, as when there is a predisposition to a disease—*e.g.*, eczema, and the local irritant excites it, but probably would not if acting without the existing

predisposition. Some, however, are really producers of disease, as in the case of medical irritants or circulated poisons—*e.g.*, malignant pustule or parasites. Others again only aggravate existing disease, as in the case of the wearing of flannel, or exposure, or scratching.

In reference to the second point, it is indisputable that, in most cases, several agencies or influences external or internal in origin or operation, combine to make up the true cause of a disease, and it is the duty of the physician to recognize the fact and analyze the cause correctly. In fact, in such correct analysis lies the source of all successful dermatological treatment. Diseases of the skin are very different things as portrayed on paper and in the consulting-room from a therapeutical point of view. A disease may answer most perfectly to the typical description, but the remedies ordered for its cure may signally fail, because the analysis of causation is incorrect or incomplete. For diseases are greatly modified as they occur in different subjects, and it is not the uncomplicated type that is to be dealt with in practice, but the disease modified and influenced by the many concomitant conditions of age, constitution, occupation, etc.

It may be useful to mention a few common combinations met with clinically, which illustrate the multiform character of the causation of skin diseases, as seen in the consulting-room. In the case of eruptions provoked by local irritants, re-

ferred to above, there is very frequently debility present which favors the development of the disease, and which must be got rid of if the eruption is to get well, and if it is to be cured, in the best way. In fact, the skin of a healthy person will mostly resist the action of many of the local irritants specified, but cannot do so if the subject be weak and debilitated; so that it is an important point to give tonics, as the rule, in cases of eruptions excited by local irritants. Here there is one simple combination of causes, debility and local irritants, inducing erythema, eczema, lichen, etc. Other examples readily occur, such as eczema in a gouty subject, modified by neglect and scratching; psoriasis in a strumous subject in whom the tendency to the disease is hereditary; erythema in a rheumatic subject, in connection with dyspepsia; eczema occurring in cooks exposed to the irritating influence of the fire, whilst the patient also has a blood current charged with retained excreta, in consequence of inefficient bowel and kidney action; lupus in a scrofulous subject; tinea tonsurans in a boy with persistent anæmia and a phthisical tendency; pruritus in connection with senile atrophy of the skin, liver derangement, and gout. Other examples might be multiplied almost indefinitely.

In estimating, therefore, the cause of any given cutaneous disease, attention must be paid not only to predisposing and exciting causes, but to coincident occurrences and accidental concomitants

modifying such disorder; for it is not in the abstract that the disease is to be regarded, but in its entirety, and in all its clinical features and behaviors. The correct estimation of a disease after this fashion comprises the diagnosis, upon which a few remarks will be made in the next section.

SECTION V.

DIAGNOSIS.

Firstly.—In making a diagnosis the observer should apply the rule laid down (Section I.) for examining skin diseases—viz., to scrutinize the whole of the eruption, not a part only, and trace carefully its history to discover the nature of its beginning, the character of its stages, if any, and their transitional relationship, and the general course of the eruption up to the time of observation. *Secondly.*—The observer must proceed to determine to which class the disease belongs, according to the principles laid down in the chart in Section III. Is it an eruption of the Acute Specific Diseases? Then the constitutional condition will be by far the most pronounced, the patient more or less prostrated, the temperature unusually high, whilst the other pyrexial symptoms will be marked and out of proportion to the mere rash; the access of the malady will have been *comparatively* sudden, and so on. Is the eruption

essentially erythematous? It must be one of four conditions—viz., erythema, intertrigo, roseola, urticaria; and the reader is referred for the features of these to the special description in Part II. Is the disorder accompanied by sero-purulent discharge, by the development of bullæ, by pustules, or by squamæ alone? Then the disease is one of those comprised under local inflammations. Is the eruption part of a cachexia, or some special diathetic condition present? Then it belongs to Group II. And in a similar way may Hypertrophies or Out-growths of Tissue, Atrophies, New Formations, Hemorrhagic Spots, Neurotic conditions without organic changes, Pigmentary alterations, Parasitic diseases, and affections of the Glands, Hair, and Nails, be put under their respective headings. In the case of New Formations, the diagnosis is singularly easy. The youngest student can readily distinguish the newly-formed fleshy mass of a neoplasm in the skin from the ordinary rapidly formed semi-hyperæmic inflammatory deposit of a similar size; and he knows practically that he has a case of syphiloderma or lupus to deal with. In making a diagnosis, the observer must remember to determine whether the disease is or is not complicated by another, as evidenced by a mixture of characters, and to thoroughly sift out the nature of any constitutional modifying influences. *Thirdly.*—An estimate of the *immediate or exciting* cause of any given eruption is of the first importance in a

complete diagnosis. No doubt, when the observer has been able to put the disease before him into its proper class, a pretty correct indication is obtained of its causes, especially as regards Classes 1, 2, 4, 5, 6, 9 (Section III.); yet, unfortunately, the difficulty is greater with the eruptions of the commonest occurrence, comprised in Class 3, and with those in Classes 7 and 10 (B and C). Hence the observer must proceed on the lines laid down in Section IV., working out the specific cause, and inquiring into the production of the eruption from within or without. Is the cause an hereditary tendency, the result of blood poisoning, nerve disturbance, a disposition in the tissues themselves to take on a diseased condition, or climatic influence? Is the cause to be sought in local agencies, as detailed under B (Section IV.)? And at the same time the observer will bear in mind what has been said about the multiple character of the causes of skin diseases. So the diagnosis will be correctly worked out. The way is now prepared for some remarks on the therapeutics in the following section.

SECTION VI.

TREATMENT (GENERAL PRINCIPLES).

If, as has been already stated, there is nothing essentially special in the pathological changes that occur in skin diseases, it follows that there can be

little that is absolutely special in the treatment. What differences there are arise from the fact that the skin can be irritated directly, and that the diseased parts become rapidly dry, harsh, cracked, etc., from the constant exposure to the air, so that they need to be kept protected and supple by the use of *moistening* applications. Otherwise the general principles of therapeutics are applicable to the case of skin maladies, and it is necessary for the reader to mentally lay firm hold of this fact.

A correct diagnosis must precede successful treatment. When in accordance with the rules laid down a given disease has been placed in its proper clinical class, and the exciting and other causes discovered, the proper kind of treatment naturally suggests itself. It may be said, indeed, that the ten groups of skin diseases require three main methods of treatment—viz., a purely local one, or one almost wholly general, or a mixed kind, partly local and partly general. That is, indeed, saying in other words that skin diseases are made up of those essentially local in nature, those essentially general, and those more or less local in their main features, but influenced by general conditions. In the first category may be placed Groups 4, 5, and 9; in the second Groups 1 and 2; and in the third Groups 3, 6, 7, 8, and 10.

In dealing with the local mischief in Groups 4 and 5, absorbent or astringent remedies to promote resolution or removal by caustic or surgical means,

constitute the treatment. In Group 9 parasiticides are to be employed to kill the insect or fungus which produces the particular disease present. In dealing with the components of Group 2—for I need not touch on Group 1—specific remedies are used: in scrofuloderma, cod-liver oil; in syphilis, mercury; in leprosy and frambœsia, hygienic measures and so-called “specifics.” So far all is clear.

When we come to the third or mixed class of cases indicated above, the principles of treatment are more varied. Groups 6, 7, 8, and most of the diseases comprised in 10, are consequent on what may be conveniently termed debility, and the treatment consists of the use of general tonics, etc. It is not necessary to add more about them, as they are amongst the more infrequent of skin maladies. As regards, however, Group 3, the case is different, for the diseases comprised in it contain, as will be seen at a glance, almost all the ordinary forms of skin diseases, and it is amongst these the greatest difficulties are met with, owing to the many causes of excitation, aggravation, and modification. Now the diseases comprised in this group are essentially inflammatory; some run a course of definite duration, as in herpes and roseola, and hence require only watching to prevent inter-currences, or for the alleviation of special symptoms and conditions, such as pain or disfigurement. The majority, however, run an indefinite course, and are to be attacked by therapeutic measures,

based upon a consideration of the varying combination of exciting, aggravating, or modifying agencies. The treatment must be by local and internal remedies.

As regards *local* remedies, there are three main rules to be observed, viz.: (1) whenever active hyperæmia is present, be the disease what it may, applications of a stimulating nature should not be used, but the treatment should be essentially *soothing*, otherwise the inflammatory symptoms will be increased, and the disease spread.

(2) The action upon the skin of an external irritant—as scratching—should be prevented, and the air excluded from inflamed or excoriated surfaces, especially by oil-packing and otherwise.

(3) Not until the stage of active hyperæmia has passed should astringents, stimulating applications, or revulsives be employed. These, and absorbents, are to be reserved for the stages of vascular sluggishness and inflammatory induration and thickening.

As regards internal or general remedies, it is proposed to indicate below, in as practical and concise a form as possible, the conditions which should be taken into consideration in framing the treatment of such diseases as erythema, intertrigo, urticaria, eczema, lichen, prurigo, pemphigus, hydroa, ecthyma, furunculus, pityriasis rubra, and psoriasis; and inflammatory conditions of the glands and hair follicles, as acne, dysidrosis, and sycosis, which are ana-

logous to, and only differ in regard to their anatomical seat from, those preceding. This short sketch or chart, inasmuch as it applies to the bulk of skin diseases, should be used regularly in determining the treatment, which must necessarily vary with the different combinations of influencing agencies referred to. These conditions are:—

A Syphilitic Taint which tends to induce induration from the presence of syphilitic tissue; or ulceration, cachexia, and general debility in eczema, psoriasis, pemphigus, ecthyma, acne, and intertrigo, (infants).

Constipation which causes dyspepsia, liver torpor and retention of excreta, and occurs in all forms of skin diseases.

Debility, including anæmia, which retards recovery from want of recuperative power in the system, all functions sharing in the debility. It is especially operative in furunculus, eczema, pityriasis rubra, pemphigus, and ecthyma.

Diabetes which increases any inflammatory condition, favors phlegmonous inflammation, and leads to freer development of disease, and to chronicity. Its influence is often seen in eczema, psoriasis, intertrigo in adults, furunculus, and anthrax.

Dyspepsia which induces debility, leads to liver disturbance, impurifies the blood, and increases hyperæmia by reflex action, as in acne, eczema, urticaria, and sycosis.

Errors of Diet which introduce special irritative

substances into blood, cause dyspepsia, lead to accumulation of nitrogenous matters in system, to liver disorder, etc., and complicate all forms of inflammatory eruptions without exception.

Gouty and Rheumatic Diatheses which cause accumulation of uric and lactic acids and allied compounds in blood, and give an inflammatory character to disease, as seen in eczema, psoriasis, lichen, ecthyma, sycosis, and urticaria.

Lack of Hygiene which disposes to torpor of skin, and favors the occurrence of morbid action and disease, as seen in acne and sycosis, eczema, intertrigo, and erythema especially.

Depression of the special normal eliminatory functions (skin and menstrual), which throws the necessity of compensatory elimination on the skin, which may fail to respond, and so become diseased. In dependent parts this leads to increase of fluid in tissues. It occurs in furunculus, ecthyma, and eczema.

Retention of Excreta, from kidney, liver, and bowel inactivity, which gives the blood an irritative quality and aggravates hyperæmia in all inflammatory skin diseases. It also leads, in the case of kidney torpor, to increase of watery fluid in tissues, as in eczema of the legs.

Strumous Diathesis which imparts an unusual purulent character to eruptions, and favors the implication of the connective tissues, as in eczema, psoriasis, acne, and sycosis.

PART II.

THE DESCRIPTION AND TREATMENT OF SKIN DISEASES.

Acne is an inflammation of the sebaceous glands, the ducts of the glands, and the upper part of the hair follicles. Mostly resulting from the retention of the sebum (*comedo*), it attacks chiefly the face and shoulders, and occurs especially about the time of puberty, when the hair follicles are in a state of physiological activity in connection with the free formation of hair, and are in consequence easily disposed to become the seat of disorder.

The *varieties* are four in number—viz., *acne punctata*, in which there is simple retention of discolored sebum, called *comedo*, without any inflammation, but a certain amount of prominence forming a pimple; *acne simplex*, in which slight perifollicular inflammation and occasionally suppuration are added to the retention of sebum; *acne indurata*, which is marked by considerable inflammatory induration at the base of the spots, and a certain degree of suppuration; and lastly, *acne rosacea*, characterized by a bright red color, more or less formation of new connective tissue about, and hypertrophy of the glands, and by its occurrence

in middle-aged persons oftentimes the subjects of menstrual disorder.

The hyperæmia present in acne is especially intensified by dyspepsia, errors of diet, and local irritants. The inflammation, too, is modified by the strumous and syphilitic cachexiæ, which conduce to implication of the surrounding cellular tissue and to suppuration in struma, and to induration and ulceration in syphilis. The condition denominated acne rosacea is scarcely a true acne, but consists of chronic hyperæmia of the face, attended by the formation of red papules, due to the effusion of lymph into the papillary layer of the skin. These papules show out from the general reddened surface as minute elevations like non-suppurating acne spots, but they present no central opening. The occasional presence of true acne spots leads to the inference that the disease is really acne.

Treatment.—The objects in view are—*firstly*, to get rid of concomitant aggravating conditions (see above); *secondly*, to remove the plugs of sebum from the follicle (in comedo especially) and to lessen the hyperæmia; *thirdly*, to restore tone to the vessels and to the general system; and *fourthly*, to promote the absorption of inflammatory products. In applying these principles, in *acne punctata*, hot water bathing with friction with mild soap and the use of an alkaline wash (45), or if this fail (67), cautiously used, and tonics, constitute the proper treatment as the rule (see *Comedo*). In acne

simplex it is necessary to remove the dyspepsia, if present, by (97) before giving tonics such as (90), (107), or (108), or in anæmic subjects (94). Cod-liver oil must be prescribed for the strumous. Locally the affected parts should be bathed with hot water twice a day, and soothed with (14) or (74) to reduce the hyperæmia, and presently stimulated with (64) or (66) diluted. In *acne indurata* similar internal remedies are required at first; or if the system be loaded (96) or (98); if much induration (85). Locally soothe as in *acne simplex*, and subsequently remove the induration by the use of (47), (60), or (66); or, if necessary, occasionally touch each spot with acid nitrate of mercury. In *acne rosacea* it is necessary to look to the state of the uterine functions, to remedy coexisting dyspepsia, debility, tippling habits, etc. Internally (95) may be given with advantage; locally (74) may be used, with the occasional application of acid nitrate of mercury to each spot, or (80) may be applied each night. In some cases it is advisable to cut the vessels across with a lancet, and to apply, after the parts have bled, collodion regularly for awhile. In indolent cases of extensive *acne rosacea* and *indurata* (65) may be used every night or every other night.

Alopecia or **Baldness** may be partial or general, hereditary or acquired, idiopathic or symptomatic. When *symptomatic*, the baldness is usually a relative one, and it results from the dis-

turbance of the nutrition of the part by inflammatory diseases—*e.g.*, eczema; or by blood diseases—*e.g.*, syphilis; or by parasites (*see* Tinea); or from debility from other special causes. When *idiopathic*, it results from atrophy of the affected parts, and failure in the reformation of hair, and then is absolute, usually taking the form of circumscribed areas (*areata* or *circumscripta*), which gradually extend; the skin itself is white, less vascular, and less sensitive than usual.

Treatment.—In symptomatic cases the treatment of the alopecia is that of the disease which induces it. In the idiopathic forms, where the entire hair is lost, little can be done save by continuous stimulation. When more localized, however, good may be effected by applying tincture of iodine daily for two or three weeks, or rubbing in an ointment composed of two grains of bichloride of hydrargyrum to one ounce of lard for a fortnight or so, and especially round the edges of the bald patches; then, or when minute downy hairs appear (129), or better (130), may be infrieted with perseverance. At the same time appropriate tonics are to be prescribed should there be anæmia or debility.

Anthrax or **Carbuncle** is a phlegmönous inflammation of the skin, with necrosis of the cellular tissue and indolent suppuration, the necrosed tissue forming many cores over the surface of the carbuncle, and being discharged, together with pus, through the several corresponding apertures. The

surrounding parts are brawny, reddened, and indurated, and the vessels plugged. Carbuncles are painful, and exhaust by their irritation and accompanying discharge. Extensive sloughing and ulceration may occur, and even pyæmic symptoms. Their most common seat is on the back or back of the neck, and they may occur singly or one or two together. The subject of them is usually much depressed in health, and often of a diabetic habit.

Treatment consists in the application, in the early stage, of caustic potash, or the employment of a subcutaneous or other free crucial incision, with subsequent pressure and careful dressing. Internally, the greatest attention should be paid to sustaining the strength of the patient, by food, medicines, or stimulants, as the case may require.

Area, *see Alopecia*.

Atrophia Cutis may be localized, and is then mostly *secondary* to the growth and disappearance of neoplasmata, strumous and syphilitic ulceration or degeneration of the skin, as in morphœa; local inflammatory action, as in the scars left by ecthyma, zoster, and variola; and traumatic lesions. It may be more or less general, and then is a part usually of general senile decay; or congenital, as in some rare cases of xeroderma. The atrophy may be *idiopathic*, and then usually takes on the linear form, and is localized to certain parts of the body, and results probably from some defect of innervation.

Treatment.—In the idiopathic form, all that can be done is to afford protection to the part locally, and to give appropriate general tonics internally.

Bakers' Itch is a term which includes lichen agrius and chronic eczema of the hands. It is induced by the irritant action of the flour used by bakers (*see Eczema*).

Treatment.—Patients are often considerably out of health, and have a loaded system, though they are debilitated. For such (95), or even (96), are to be given, and these may be followed up by tonics, such as (94) or (108). Locally the part may be first soothed by (76), or the linimentum calcis, or, if very itchy, by (40) or (42), and afterwards, when the inflammation is subdued, (69) or (78) may be employed.

Baldness, *see Alopecia*.

Barbadoes Leg, *see Bucnemia*.

Bricklayers' Itch is similar to bakers' itch, only that it is excited by the irritation of lime. It requires similar treatment to bakers' itch.

Boils, *see Furunculi*.

Bucnemia Tropica is an hyperplasia of the connective tissues, generally of the lower limb, succeeding to repeated attacks of inflammation of the lymphatics of the limb. As a consequence of the lymphatic obstruction, a greater quantity of lymph is retained in the connective tissue strata of the skin. The disease may attack the scrotum (then called *Sarcocoele*) and penis, as well as the limb, and these separately or at the same time. In some

cases, the lymphatics are varicose. The cause of the lymphatic inflammation in ordinary elephantiasis is probably due to residence in damp humid localities, especially such as are tropical or malarious. But Chyluria may coexist with the disease, and chyle-like fluid may exude from varicose lymphatics in the enlarged scrotum; and as chyluria and chyloderma are associated with the presence of filariæ in the lymphatics, it has been asserted by some, that the form of scrotal disease in which chyle-like fluid is formed is only a phase of ordinary elephantiasis of the scrotum, and that in elephantiasis of the leg or scrotum or other part, the true cause of the lymphatic inflammation is the irritation and obstruction caused by filariæ; but it has not as yet been proved that such is the case.

Treatment.—In the earliest stages, it is that of inflammation of the lymphatics: in the chronic state friction, continuous bandaging, mercurial inunction, and finally ligature of the main artery of the limb, or excision of the part, if the disease is localized in the scrotum, have benefited.

Bug-eruption.—The attacks of bugs is a common cause of skin irritation in children, leading to pruritus and urticaria, conditions which are intensified or appear at night. The bug-bites may often be detected as rosy papules with a central punctum. The remedy is to get rid of the bugs from the rooms or beds, whilst the pruritus they induce may be relieved by alkaline baths (14), (23), (43).

Cancer, *see* Epithelioma and Rodent Ulcer.

Carbuncle, *see* Anthrax.

Chloasma, *see* Tinea versicolor.

Comedones are the small black-topped sebaceous plugs, or accumulations of sebum, that are found in the early stage of acne punctata. The form of disease in which these occur is called *Comedo*.

Treatment consists in the free use of hot water, and if the skin is irritable, in applying borax or alkaline washes (19), (45), and subsequently when the skin is less irritable, in using tar soap, or soft-soap inunction cautiously, to be followed by (14), to allay irritation, and finally to stimulate the glands to healthy action by such as (65), (67), or (73).

Condylomata or "mucous tubercles" are small tumors, generally sessile, with a circular outline and somewhat flattened top, occurring as a part of syphilis. They are usually reddish or brownish in color and spring up on mucous or cutaneous or more often on muco-cutaneous surfaces. They are contagious and liable to suppurate, and contain the peculiar syphilitic tissue in their bases. The treatment locally is to keep them constantly clean and dry, and to apply astringents; or such mercurial preparations as blue ointment, calomel powder, or a lotion of bichloride of mercury (gr. i-ij to $\bar{3}$ j of water).

Contagious Impetigo is a disease quite dis-

tingent from pustular eczema. Sometimes it is quasi-epidemic, but mostly sporadic. It attacks children only as a rule. The eruption occurs chiefly about the face and head and more uncommonly the hands and body. It may be ushered in by slight pyrexia, and when fully developed consists of vesico-pustules varying in area from a pin's head to a three-penny piece. The spots are usually quite distinct the one from the other, and only run together if they are developed near to one another. They are also superficial—*i. e.*, without painful or hard bases as in ecthyma. The scabs that form are light-yellow in color and look "as if stuck on," and when removed they disclose a red surface. The diseased spots begin as "little watery heads." Each spot runs a definite course of a week or ten days. The isolated and discrete character of the disease may be masked in the face and head, by the excitation of an eczema, or by the running together of the vesico-pustules, either from scratching or, as before stated, by crowding together; but in the latter case the characteristic features seldom fail to present themselves in the majority of cases in all parts of the eruption in its early stages. The disease is inoculable.

Treatment.—The scabs should be removed by bathing or oiling, when it is only necessary to apply to the part beneath, a weak ammonio-chloride of mercury ointment (gr. v to ʒj) night and morning, for a few days, and the eruption will generally speedily disappear.

Dysidrosis is an inflammation of sweat follicles, which we have described as a distinct disease, consisting firstly in an excessive secretion of perspiration, which however has a difficulty in escaping and is retained, distending the sweat ducts and glands to a greater or less extent. Of course serum is also poured out from the inflamed parts as well, so that the reaction of the fluid discharge is alkaline. It occurs in weakly persons who are the subjects of nervous debility, and often in those who readily and profusely perspire. It occurs in winter as well as in summer. If well marked, it may be attended with acute miliaria of the greater part of the body, but the characteristic eruption is seen about the hand. At first the distended sweat follicles are seen as small boiled sago grain-like bodies imbedded in the skin of the tips, sides, and bases of the fingers, and more or less over the palm of the hand. As the fluid increases in amount actual vesicles and bullæ form, which, however, rarely discharge, but shrivel up; then the cuticle gets macerated and peels off, exposing a reddened hyperæmic derma, but *it never discharges like an eczema*, although not unfrequently it is mistaken for it. The rash begins as a distension of, and is a disease of, the sweat follicles. It sometimes lasts a considerable time, until, in fact, the patient recovers from the debility before mentioned as so often accompanying this disease.

Treatment.—At first diuretics should be given,

especially in gouty subjects or those in whom the urine is loaded or scanty, to be followed up by suitable tonics, especially quinine and iron. A cool regimen should be adopted, hot drinks avoided, or whatever will increase the perspiration. Locally, if the body generally be affected with miliaria, alkaline baths may be prescribed, but the chief thing is to soothe at the outset by wrapping the parts in some bland or oily substance such as carron oil, and subsequently using a slight astringent, as (76). In some cases patients affected by dysidrosis are very weak, and in these cases the disease may lapse into a semi-chronic state, and then a long course of tonic treatment must be adopted.

Ecthyma is characterized by the development of large isolated pustules which have hard and inflamed bases and are painful. These pustules give rise to unhealthy ulcerations of a greater or less degree, and the crusts that form are large, dark, and firmly adherent. This disease occurs mainly in the badly nourished and cachectic. It may be excited by local irritants; in children especially by scabies; in elderly persons by pediculi. In fact, the majority of cases of ecthyma are secondary to one or the other of these two diseases; nevertheless the pustules may be excited by scratching alone in the badly nourished.

Treatment.—If the ecthyma is secondary to scabies or phthiriasis, these diseases must first be

treated in the usual way, and then tonics may be administered subsequently, when the ecthyma will disappear. It may be necessary to apply locally (35) or (60) to heal the ulcerations. If the ecthyma be idiopathic it will probably be desirable to give aperients and rectify existing cachexia or debility by good food and tonics, such as (92), (95), (103) with or without cod-liver oil, applying the local remedies mentioned above. If there be marked ulceration the sores may be cleansed by two or three applications of iodide of starch (52) or iodoform, and subsequently dressed with (28), (79), or (81).

Eczema is an inflammation of the skin characterized by sero-purulent discharge which stiffens linen and dries into thin, yellow crusts; it is, in fact, a catarrhal inflammation of the skin. It begins by a serous effusion into the papillary layer of the skin. The effused fluid finds its way into the rete, uplifts the cuticle into vesiculation, and escapes free upon the surface, thus constituting the discharge which continues a greater or less time. Coincidentally with its escape the fluid, which contains much fibrin, becomes more or less purulent, and there is a large amount of inflammatory cell-growth in the interstices of the stretched-out rete cells and in the tissue of the papillary layer. If the disease becomes chronic the cutis is altered by chronic inflammatory induration to a varying depth. Eczema, therefore, begins as a "serous catarrh," and is followed by supuration and inflammatory infiltration into the skin.

Some think that eczema does not necessarily discharge, but this error probably has arisen from the fact that many other diseases have been included under the term eczema, such as parasitic eruptions, lichen, and pityriasis. These do not discharge, and hence the statement that eczema is not necessarily accompanied by discharge: but it is important to remember that in true eczema there is always "sero-purulent" fluid effused externally.

There are three varieties of eczema—viz.: (1) *E. simplex*, which is generally localized to one or two places, and consists at first of crowded vesicles seated on a red base, which, when they rupture, give place to a red discharging and then crusted patch. It is not attended by any marked general disturbance of the system, though perhaps by debility, and is frequently excited by local irritants such as heat, cold, scratching, irritant dyes, etc. (2) *E. rubrum*, which is the inflammatory form and is attended by more or less constitutional disturbance and by gouty or dyspeptic symptoms. In this form the local inflammatory signs are very marked, that is to say, the parts are hot, swollen, tender, itchy, excoriated, and they discharge and crust. This eruption often attacks the flexure of the joints, especially at the elbows, knees, and axillæ. (3) *E. impetiginodes* or *pustulosum*, which is characterized especially by the free formation of pus, free discharge, and free yellow crusting. It is mostly observed in strumous subjects, especially in

such children when badly nourished and the victims of bad hygiene. These varieties occur in different situations on the body. Each variety has its stage of erythema, papulation, vesiculation, and pustulation, and "discharge." These *stages* have been often made into *varieties* of eczema, a proceeding at once unphilosophical and unclinical.

Treatment.—In *E. simplex* any causes of local irritation are to be removed, and the part protected locally by dusting it over with such as (48 or 49), or (14) may be applied. This should be followed up by (76); whilst internally quinine and iron (109) is given, since the outbreak or its persistence is very often favored by debility. *E. rubrum* requires more active treatment. Any gouty tendency must be carefully met by appropriate dietetic and other remedies, all stimulants being at first avoided. The part locally is to be soothed by absorbent powders, or bathing with poppy water, and subsequently dressed with linimentum aqua calcis, or should there be much burning (18), (41), or (74). Sometimes, indeed, all the remedies will fail until a loaded system has been relieved by aperients or excess of acid generated in the system be corrected, or dyspepsia remedied. When the part affected is less irritable and red (62) or (76) may be employed with tonics, especially arsenic, with alkalies, iron, or quinine (90), (107), (108). If the part become much thickened and indolent, an alterative mercurial course with bark will be found beneficial, at the

same time that weak mercurial ointments are applied (60), to be followed in the still more chronic cases by blistering, if need be. *E. impetiginodes* requires the internal use of cod-liver oil, iron, and quinine, with suitable food, and locally the application at the outset of simple oil to free the part from crusts, followed by the linimentum aq. calcis, and then a weak white precipitate ointment, as for instance gr. iij to the ʒj or (62).

In addition, certain *local* varieties are described which it will be desirable perhaps to mention here. *E. capitis* is almost synonymous with *E. infantile*. The child will be found pale, and very likely more or less cachectic. Bad or insufficient food is at the bottom of the majority of such cases, and the remedies required are better food, cod-liver oil, arsenic, and steel wine. Cleanliness and the use locally of the remedies stated to be appropriate for *E. impetiginodes* must be carried out, for *E. infantile* and *E. capitis* take on the characters for the most part of that variety, though occasionally those of *E. rubrum*. Should there be any difficulty in removing the crusts the head or face may be kept soaked in oil until they are loosened and detached. In the adult, *E. capitis* occurs in the gouty, and requires similar treatment to *E. rubrum*. *E. mammæ* is frequently excited by scabies. *E. manuum et pedum* and *E. genitale* are examples of *E. rubrum*. The former is often excited by flour in bakers, by sugar in grocers, and by soda

in washerwomen. *E. genitale* is benefited mostly by the use of (74); *E. manuum* by the remedies adapted for *E. rubrum*; *E. pedum* by rest, great cleanliness, and absorbent powders, followed by carbolic lotion, and finally strapping with emplastrum diachyli. In eczema of the legs, if there be much cedematous infiltration the liberal exhibition of diuretics in conjunction with rest, careful bandaging, and the use of (76) or a weak mercurial ointment, is all that is needed to effect a cure; though often tonics and good feeding are very useful adjuncts. Other remedies will be found on reference to the cutaneous pharmacopœia.

Elephantiasis.—This term is used as a generic one for two distinct diseases: the one is the *E. Arabum*, or tropical big leg, or Elephant leg (*see* Bucnemia); the other is the *E. Græcorum*, or the true leprosy. *E. Græcorum* is observed in two chief forms—viz., *tubercular* and the *anæsthetic*. The tubercular form is known in its fully developed stage by three sets of symptoms, (*a*) discoloration of the skin, of a light coffee hue; (*b*) deposit of a new growth in the skin in the form of dull red tubercles or infiltrations; and (*c*) anæsthesia of different parts, especially the extremities, due to the deposit about the superficial nerve-trunks, of the same new growth as that which invades the skin. The skin deposit is chiefly found about the face and ears, so that the eyebrows, cheeks, forehead, nose, and its alæ, being greatly thickened, give the coun-

tenance a *leonine* appearance. In the *anæsthetic* form the deposit in the skin is not so marked, but anæsthesia is well developed, and eruptions of bullæ which leave behind atrophous spots, and also dull quasi-psoriatic but anæsthetic circular spots of eruption are observed. The hands are often distorted, and the fingers contracted, so that the hand assumes a claw-like aspect.

Epithelioma, or Epithelial Cancer.—This affection occurs in elderly persons, and attacks by preference the lower lip. It begins as a hard lump, which makes the lip feel swollen and “pouty.” This lump soon cracks in the centre from the setting in of ulceration; and when this takes place the progress of the disease is often very rapid. The ulcer, which is now soon produced, is foul, and its edges *everted*, *indurated*, and *undermined*. The glands under the jaw are enlarged and indurated. The treatment consists in excision. For the variety denominated Rodent Ulcer (*see further on*).

Erythema, or simply redness (*hyperæmia*).—Redness may form a part of very many dissimilar diseases, all those, in fact, in which inflammation or active congestion occurs. Reference is here made, however, particularly to erythemata, which in themselves constitute the condition or disease requiring treatment. There are two classes.

The *first* group of erythema cases includes all those instances of *hyperæmia* which are excited by

local irritants of various kinds, as parasites, heat, cold, friction, scratching, flannel, etc., and also comprises such as are induced by the rubbing together of two folds of skin (*intertrigo*), and are accompanied by a muciform discharge.

The treatment of these cases consists in removing all local causes of irritation, and simply soothing the part by such remedies as (13), (14), (36), (74), followed by (10), (39), or (72). In *intertrigo* (48) and (49) are specially useful; and in some cases it is necessary to give children tonics, particularly steel wine and cod-liver oil. In the *intertrigo* of old and fat people diuretics and alkalies, followed by tonics and dressing the parts continuously with (13) or (76), is a good mode of treatment.

The *second* group of cases includes the erythemata connected with general pyrexia, and often with a rheumatic diathesis. There is rather more swelling than in the slighter forms, and a certain amount of effusion, so that the erythema runs on to papulation or the formation of irregular, and sometimes large nodular swellings; hence the terms *E. papulatum*, *E. tuberculatum*, and *E. nodosum*, and *E. multifforme*, which latter is used by Hebra to include all the forms indicated by the preceding terms. Generally the rashes designated by these terms have a more or less acute onset, ushered in by headache, malaise, and the like symptoms, and then hyperæmic blotches appear about the hands, arms, legs, or trunk, and the blotches may get more or less un-

even or "knotty" from effusion, and a purplish tint quickly develops, especially at the edges of the patches; and finally the whole thing in a few days fades away with changes of color, like a bruise. *E. nodosum* occurs about the leg as oblong tuberosc swellings about the size of a walnut, or even much larger, with a bluish periphery and quasi boggy feel in the centre. Rheumatic pains accompany this forms of erythema.

The treatment of the members of this second group in the slighter forms consists in giving mild aperient salines, followed by quinine, whilst locally some simple astringent wash, such as (74) or (19), may be applied. In the severer cases it may be necessary to relieve a loaded state of system by (95) or (96), before giving quinine, and locally to use similar measures as in the less severe forms, or apply powders, such as (48) or (49).

Favus, *see* *Tinea favosa*.

Fibroma is characterized by the occurrence of outgrowths of fibrous tissue, covered by integument of ordinary aspect and feel. These tumors after a time become pedunculated. Their structure is that of a lax connective tissue, peculiarly rich in cells at certain parts. Sometimes the tumors show a disposition to ulcerate, and throw up exuberant granulations.

Treatment.—If it be important that the tumors should be got rid of, they may be removed by the knife or the ligature.

Fish Skin Disease. *see* Ichthyosis.

Follicular Hyperæmia is a common accompaniment of many diseases, and particularly of those attended by pruritus, for in these it is readily excited by scratching, as in scabies, eczema, and phthiriasis. It gives rise to red papules, which are seen to be seated at the hair follicles in part, and partly to be hyperæmic papillæ, erroneously said to constitute lichen. The condition demands soothing remedies.

Fungi.—For the names of the several fungi causing parasitic diseases, *see* Tinea.

Furunculus.—It is scarcely necessary that “boils” should be discussed in any considerable detail in this place. They are usually described as rounded, painful, circumscribed inflammations of the skin, involving the connective tissue, and therefore more or less deeply seated, with hard, indurated, and inflamed bases. Slow suppuration goes on, and the central portion sloughs out, and constitutes what is called the “core.” In reality the anatomical seat of boils, in the majority of cases, is a hair follicle or the attached sebaceous gland, with more or less participation of the cellular tissue around. In some cases the follicular origin of boils cannot be made out, hence the division into *follicular* and *cellular tissue* boils. It is open to question whether the “core” be always an “exudation,” or a gland which has died in consequence of the inflammation. When a boil forms, pain is first felt,

and then a lump accompanied by tension and redness: this enlarges and suppurates. In "cellular tissue boils" gangrene may occur. These are found mostly on the scalp, neck, limbs, and especially the thighs of marasmic adults, and often children. Boils occur in those whose vitality is depressed by defective or depraved living, mal-hygiene, or exposure: also in those whose blood current is charged with nitrogenous waste products, and in diabetic patients. An exclusive meat diet, stale or unsound meat, over-fatigue and exercise are other excitants. Local irritants excite their formation, and they may accompany disease in which scratching is freely practised, as in scabies, prurigo, eczema, phthiriasis, etc. Boils may be epidemic, and then occur oftentimes when erysipelas is rife.

Treatment.—The formulæ useful for boils are specially (95), (96), (108), and the mineral acids, internally, and (35), (79), and glycerine of belladonna externally. Patients with boils should have a carefully regulated diet, and obtain fresh air by change to the seaside or of occupation. Fresh yeast taken in tablespoonful doses three times a day is often very efficacious. In very debilitated persons the free exhibition of red wine or porter may effect the dispersion of the furunculi. Some practitioners find great benefit from the use of carbolic acid, or acid nitrate of mercury to the boils to absorb them.

Grocers' Itch is similar to Bakers' itch, only that it is caused by the irritant action of sugar.

Gutta rosacea, *see* Aene rosacea.

Herpes is characterized by the occurrence in circumscribed patches of one or more groups of vesicles, seated upon an inflamed base. The development of the disease is attended with smarting and tension, if not acute pain, and pyrexia is often present. The vesicles are distinct, large, and chambered. They do not burst, but the transparent contents become milky, and they then dry up, forming light crusts that fall in a few days, leaving only a slight reddish stain behind. Each crop of vesicles runs a definite course. Herpes may be symptomatic or idiopathic. The former kind occurs in the course of febrile disturbances of different kinds; the latter may be *general* or *local*. There is a general form of rare occurrence, beginning by pyrexia, followed by the development of herpes on the skin and the inside of the mouth and throat. The disease lasts ten days or so. The localized form is commonly met with about the lips, prepuce, and the course of one or more intercostal nerves. According to its situation, form, and appearance, so various designations have been applied. Thus, one form is generally known as *H. zoster* or *shingles*, and is made up of several patches or collections of ordinary herpes, distributed along the course of a nerve, and *unilateral* in its extent. When there is a central vesicle with a surrounding ring of herpes, and two or more circles of colors like those presented by a fading bruise, the form is called *H. iris*, and is some-

times seen on the back of the hand. If the disease take simply a circular form, it is often styled *H. circinatus*.

Treatment.—This consists in applying some simple soothing unguent, and exhibiting salines, followed by quinine if need be. It is necessary in herpes zoster to protect the eruption from rubbing and irritation by dusting with (48), (49), or covering the part with cotton-wool. Sometimes considerable pain and discomfort are left by the eruption, and relief may be given by morphia ointment, opiate poultices, subcutaneous injection, or quinine in large doses.

Hydroa is a term much misused. It has been applied particularly by English and French writers to *Herpes iris*, and the bullous eruptions (?) produced by iodide of potassium. It was given by Bazin originally to a disease which stands midway between herpes and pemphigus, and occurs in arthritic (gouty) people, and attacks the cutaneous and mucous surfaces. It lasts two to four weeks, is apt to recur and to become chronic, and appears mostly in the spring. In some cases there are vesicles (*H. vesiculeux*) scattered over the backs of the hands, wrists, and about the knees, and also the mouth, developed out of red papules. In other cases the vesicles are *varioliform* (*H. vaccini-forme*); in others there are small bullæ of different sizes, but none above that of a split pea, these bullæ being often grouped. In fact, there are transitional

stages between minute vesicles on a red base and patches of herpes, there being frequently a mixed condition. The treatment consists in defeating the ill effects of worry, anxiety, and depression; in regulating the diet, prescribing change of air, and tonics, especially quinine.

Hydroadenitis is an inflammation of the sweat glands—a condition that commences by the appearance of small lumpy swellings like blind boils, but which do not suppurate, though remaining some time painful, tender, enlarged, and of a dull red color, like huge acne indurata spots, only that there is no central pustular point or follicular orifice.

Treatment.—This consists in allaying the local inflammation by ordinary measures, and subsequently painting with collodion, or stimulating the places when indolent with the application of the acid nitrate of mercury; or, should this not succeed, subcutaneous puncture may be employed.

Hyperidrosis, or excessive sweating, frequently comes under our notice in a variety of diseases. It is said to be a “critical” occurrence in certain fevers at the time of convalescence, and is common as a part of hectic fever. It may be a natural defect, and often occurs about the feet and hands of certain people.

Treatment.—In the class of cases mentioned immediately above, a general tonic plan of treatment must be adopted, with the utmost cleanliness, and some such local application as belladonna or alum.

Should the sweat have macerated the cuticle between the toes and excited an eczema, the parts must be constantly bathed, some absorbent powder used, as (48), (49), and then such as (10), (12), (14), (17), etc.

Ichthyosis is characterized by the presence on different parts of the body of an incrustation of blackish hue, resembling masses of dried mud caked on the surface. This caking stands out from the level of the skin some two or more lines, and is pretty firmly adherent. It can, however, be broken up into little squarish masses. The incrustation covers a varying extent of surface either on a leg, arm, knee, or shoulder. Beneath the masses the skin is dry and shrivelled; in some places the papillæ are hypertrophied, whilst in others the orifices of the sebaceous glands are very distinct, and into them are fitted little plugs of epithelial and fatty matter—projecting from the under surface of the cake. These changes are accompanied by a general cachectic state of the skin, which in the parts not incrustated is dry, harsh, dirty looking, scaly, and not perspiring. The disease is mostly congenital, or it develops soon after birth. The microscope discloses hypertrophy of the skin, the papillæ especially being enlarged and elongated and covered with very numerous strata of cuticular scales. The latter, together with sebum, make up the caked masses. A slighter form of the disease in which the surface is dry, harsh, dirty looking, and more

or less inelastic and scaly, is called *xeroderma*, but both these conditions are phases of one and the same disease, and often concur.

Treatment.—The disease is incurable. No remedy seems forthcoming which is of any avail against it, though the coincident debility may be remedied. Still patients may be made comparatively comfortable by bran baths and free oiling of the surface. The crusting may be got rid of by wet compresses, alkaline baths, bathing in simple baths, or rubbing in grease or glycerine.

Impetigo is a pustular eczema, *see* Eczema. There is a specially contagious variety, *see* Contagious impetigo.

Intertrigo, *see* Erythema.

Itch, *see* Scabies.

Keloid is a hypertrophic outgrowth of the fibro-cellular tissue of the skin. There are two forms, the *idiopathic* and the *traumatic*, the latter originating in an excessive growth of the tissue of a scar following the use of the surgeon's knife or the applications of acids and the like. In the idiopathic form, a firm, prominent, palish colored nodule appears on the skin and sends out processes, as it were, from its periphery, which by their contraction pucker in the skin around towards the central mass. The contractility of the keloid tissue indeed is characteristic.

Treatment consists in avoiding all irritation of the keloid growths. If removed they recur.

Kerion, see *Tinea kerion*.

Lepra is an old term for psoriasis, and especially that form which consists of circular rings of disease.

Leucoderma signifies "white skin," and consists in deficiency of pigment in a part, without any structural alteration whatever. It is a disease observed chiefly in those who have resided in tropical climates, and it is probably due to some nerve paresis. In private practice it is usually seen affecting the backs of the hands, the neck, and adjacent parts, or the genital organs.

It often improves greatly, and sometimes disappears under the use of general nervine tonics and galvanism of the spine.

Lichen is characterized by the presence of solid fleshy papules about the size of millet seeds, which preserve their characters as papules throughout their existence, and are accompanied by marked itching. The skin generally, moreover, is usually dry, somewhat thickened, and often of muddy aspect. The eruption may appear as scattered papules (*L. simplex*) attacking one or more regions, or even the greater part of the trunk, and more rarely about the extremities: sometimes as groups of papules (*L. circumscriptus*). Often the lichen attacks the backs of the hands, and then but *secondarily* may become inflamed and give out a discharge (*L. agrius*). It is in this situation excited by the contact of irritants, as sugar and flour, and then bears the name of

Grocers' or Bakers' itch (*vide* these). If the papules are seated at the hair follicles, giving the surface a dotted, or even on a small scale a rasp-like appearance, the name *L. pilaris* is given. So called *L. lividus* is a *purpura*; that is to say, there are little hemorrhagic papules formed. In some cases solid red papules of very special features stud various parts of the surface symmetrically, and especially at the front of the forearms, about the flanks, the abdomen, and the hips, etc. These papules attain the size of a large pin's head or more, and are dull red, angular at their bases, flat at top, with a peculiar shiny or glazy aspect, and umbilicated more or less distinctly. At first they are discrete, but they group together into patches by the springing up of new papules between the old. Then the patch becomes red, infiltrated, and slightly scaly, but distinctly papular *at the edge*. Dull colored stains are left on the disappearance of patches or papules. The disease is accompanied by a severe burning sensation or itching, and patients attacked are usually much out of health. It is known as *L. planus*. There is yet a further condition in which the whole surface of the body is generally involved, the papules and patches occupying whole regions, whilst there is also marked hyperæmia, itching, rarely considerable marasmus, nervous irritability, and the like symptoms. This severer phase is rare in England; it is the *L. ruber* of Hebra. This observer has also correctly described a *L. scrofulosorum*,

which occurs in those who exhibit decided signs of scrofula. The eruption is made up of groups of little pale papules the size of millet seeds, each having in its centre a little exuvial plug. If the disease is severe, acneiform pustules may develop, interspersed with the papular rash.

Treatment.—Lichen simplex and circumscriptus must be treated as simple inflammations. A loaded system, pyrexial condition, or debility should be attacked, but alkalies should be exhibited in some form or other. Should the disease not speedily disappear a mild mercurial course, or one of Donovan's solution may be given. Locally alkaline and gelatine baths, with remedies to allay irritation, are needed, as (14), (16), (20), (23), (24), (30), (32), (37), (38), (47). In *L. planus* the indications, as regards internal treatment, are to improve the tone of the nervous system by rest, change of air, and general tonics, including arsenic, but especially the mineral acids and bitters; to alleviate dyspeptic troubles; to feed up the patient; and lastly, to attempt to diminish hyperæmia by astringents such as perchloride of iron. As regards local medication it is needful to allay irritation by gelatine and alkaline baths (1a and 1b), and by sedatives (23 *et seq.*); to diminish hyperæmia by the use of such remedies as (74), (14); and, finally, to promote the absorption of the papules, especially by vapor baths, and cautiously employed tarry compounds.

Lichen urticatus, *see* Urticaria.

Lupus is a disease characterized by the formation in the skin of a neoplasm, having minute characters like those of granulation tissue, and taking the form of an infiltration or of tubercles. This neoplasm tends to invade the true skin texture and undergo degeneration, thereby leading to atrophy and scarring. Firstly, the neoplasm may take a diffused form, and *L. erythematodes* is the term applied to the superficial lupus in which the sebaceous glands seem to be specially involved, and appear as comedo-like spots studding the otherwise reddened and infiltrated diseased surface. It attacks by preference the cheeks of young women on each side of the nose, the two lateral patches being often connected after a time by a connecting band of the disease, stretching laterally over the nose from side to side. Similar coexisting patches, leading to atrophy, are observed about the scalp, fingers, and rarely other parts of the body. Secondly, the neoplasm may form distinct tubercular elevations, which are crowded together into a fleshy mass after awhile, and then the name *L. tuberculosus*, or when it does not ulcerate, *non-exedens*, is given. This form attacks the face and nose by preference. Thirdly, the neoplasm may ulcerate freely, and then the disease is called *L. exedens*. This attacks chiefly the nose and cheeks. Lupus tissue or tubercles are soft and gelatinous-looking, and are markedly vascular. It does not tend so much to break down into unhealthy pus as to undergo fatty de-

generation, and in this respect contrasts with syphilitic tissue. The local changes in lupus, unlike syphilis again, constitute the whole of the disease.

Treatment.—The essential point is to destroy the new growth by caustics repeatedly applied, but not so as to produce unnecessary cicatrization. Great care is necessary in the application of these remedies, and judgment in the selection of appropriate times and cases. Whenever a lupus is very tender, or shows a tendency to spread rapidly, or becomes hyperæmic under slight causes, caustics should not be used: but when the disease is indolent. When the lupus is red, tender, and irritable, it is useful to exclude the air, and paint once or twice a day with liquor plumbi for some time. The caustics most suitable are (5) and (9), and it is best to use them to the edges of the patches in the first instance, and apply a poultice if there is much pain. The caustic may be repeated at intervals till an apparently healthy surface appears, and one that seems inclined to heal. The surface should then be dressed with some simple astringent, as (74) or (35). When lupus patients are out of health, they should take appropriate tonics, iron, especially cod-liver oil, and quinine. The slighter forms of lupus may often be cured by the application of astringents only.

Maculæ.—There are four chief forms—viz.: (1) The pigmentary, occurring idiopathically as in leucoderma and melanoderma, or symptomatically in connection with uterine excitation, and certain

cachexia, or after certain eruptions; (2) the parasitic, as in tinea versicolor; (3) the chemical, due to the use of nitrate of silver; (4) the hæmorrhagic, as in purpura (*see* the special descriptions of the diseases here named).

Medicinal rashes.—*Arsenic* is said to excite herpes zoster, and to induce hardness and induration of the palms of the hands; also eczematous inflammation and ugly ulceration when it comes in contact with the skin by means of dyes, as in flower-workers. *Iodide of potassium* induces acne-like spots and bullæ disseminated over the surface. *Bromide of potassium* excites acne, ecthyma, and inflammation of the sebaceous glands and follicular walls, with retention of an increased formation of sebum. *Tar* occasions comedo and acne. *Copaiba* a terribly pruritic, raised, uniform, hyperæmic rash, followed rarely by the development of bullæ, but more frequently by wheals. *Arnica* excites eczema, and *sulphur* a rash like an abortive non-discharging eczema.

Miliaria is an inflammation of the sweat follicles in connection with disordered sweat function, in fact, sudamina in which there is more than usual hyperæmia. It occurs as an acute, soft, red, pimply, scattered general rash, in pyrexial states, and in hot weather.

Treatment.—This consists in the adoption of a cool regimen and the exhibition of some simple

diuretic, with the use of a weak alkaline or oxide of zinc lotion, as (14) or (19).

Molluscum contagiosum is a disease in which the sebaceous glands and parts around are enlarged and distended by an excessive quantity of sebum, so that sessile, pearly-looking, round, little tumors are produced, which have the peculiarity of an umbilication in the centre, disclosing the distended opening of the gland duct. They vary in size from a pin's point to a split pea. A white cheesy matter may be squeezed out from the opening, and the sac thus more or less emptied. The face is the chief seat of the disease, and it occurs mainly in children. It is apparently semi-epidemic at times, and appears too to be contagious.

Treatment.—When small, the tumors may be touched with acid nitrate of mercury; when large, the contents should be emptied, and the interior of the emptied sac touched with a point of nitrate of silver.

Morphœa is characterized by the formation in the skin of white, bacony-like, slightly elevated indurations, that feel firm and look polished, opaque, and dense, and are surrounded by a lilac-colored ring of vessels, more or less distinctly marked. The disease is a fibroid degeneration, and may consist of a small patch the size of a threepenny piece, or of one or more larger ones. The disease may lead to atrophy of the skin texture, or a resolution may take place without any ill effect being left behind. It is

seen chiefly on the trunk, limbs, and face; in the latter situation some little deformity may result. Sometimes it is conjoined to scleroderma. It attacks particularly weak females. It runs a very indolent course, indeed, and as regards duration, it tends to disappear after a lengthened course of tonics. The disease should not be locally irritated, and local applications do no good.

Nails are subject to a variety of diseased conditions. The clubbing and striation, as an effect of exhausting disease such as phthisis, are well known. They are ill-formed, and rendered opaque and brittle, and it may be thickened in psoriasis, pityriasis rubra, lichen planus, and sometimes in ichthyosis. They are likewise stunted, and more or less atrophied in some cases of syphilis, and idiopathically in those who are weak and out of health. The nail-bed, or matrix, often gets inflamed with pain, heat, swelling, and suppuration, occasioning perhaps the loss of the nail. This is called *onychia*, and it may be syphilitic, strumous, or erysipelatous in origin. Lastly, the nails may be thickened and rendered brittle, and raised from their bed by the attack of fungi, and then the disease is known as *onychomycosis*.

A few words may be added as regards the diagnosis of these several conditions. In *psoriasis* of the nails all or most of the nails, of the hands, and perhaps the feet, are affected. They become at first speckled, then opaque, uneven, dull, and

brittle, and the free edge splits up into several layers. The clue to the nature of the disease is often given by the existence of psoriasis about the body, and one method of treatment for the nail and surface disease may be followed out. *Onychomycosis* mostly occurs together with some form of tinea of the head or body. It may arise by a tinea *circinata* travelling from the finger to the nail, or the nail alone may be affected in those who have been attending to ringworm cases. No psoriasis can be found, moreover, on the body in these cases. The nail becomes opaque and brittle about the base and sides; then it thickens, is loosened away from its bed, and breaks up into layers. Generally in *onychomycosis*—and this is a very important point—only one nail is affected, and more rarely two, and only exceptionally more than that. The nails of the feet are healthy, or, in other words, *onychomycosis* only attacks the nails of the hand. When scrapings of the nail are examined, fungus elements will be detected. The treatment consists in soaking the nail in a sulphurous acid lotion (one part to three or four of water) constantly, and applying acetic acid every or every other day, but short of producing irritation. *Syphilitic disease* of the nails may consist in general atrophy or indolent inflammation. In the latter condition the parts at the base of the nail become painful, swollen, and red; suppuration follows, and unhealthy ulceration with loosening, and perhaps loss of the nail.

Several fingers may be affected at one time. The diagnosis is rendered clear by the concomitance of other evidences of syphilis in the individual. The treatment consists in the application of blackwash externally and anti-syphilitic remedies internally. *Onychia*, when simple, is known by its acute onset and course, and the entire absence of syphilitic or strumous symptoms. The treatment is that of a sharp local inflammation; nitrate of lead ointment is highly recommended for the disease.

Pediculi, *see* Phthiriasis.

Pemphigus is known by the occurrence of oval bladders of bullæ, varying in size from a split pea to a pigeon's egg. Each bulla contains at first, and is distended by, a semi-transparent fluid; soon, however, the fluid gets opaque, and the bulla becomes flaccid and dries up, leaving a slight scab, or giving rise to a superficially excoriated surface. The disease may be acute and pretty general, as in those returned from the tropics, or in unhealthy children. If it occurs in the newly born and about the hands and feet, it is probably syphilitic and one of a series of syphilitic phenomena. Chronic pemphigus may consist of one bulla (*P. solitarius*), or of many in successive crops, and it lasts an indefinite time. A form called *P. foliaceus* attacks the body generally, beginning in one spot, and gradually invading the body. The bullæ are more or less abortive, and give rise to flaky incrustations covering the surface of the body, and presenting

the aspect of a crusted eczema, only that bullæ are detected. It is a rare form of the disease, and occurs in the debilitated. Sometimes a pruriginous rash is found intermingled with the bullæ in pemphigus; and to this condition the term *P. pruriginosus* has been applied.

Treatment.—It is held that the remedy for pemphigus is arsenic. Quinine, in large doses, is useful. Cachectic conditions should be carefully attended to, especially in old people. Locally, soothing applications alone can be used.

Phthiriasis, formerly called *prurigo senilis*, is caused by the attack of the pediculus vestimenti. The disease consists in the presence of certain peculiar hæmorrhagic specks, and the phenomena of secondary irritation induced by the pediculi and scratching. It occurs chiefly in the aged, but it also is met with amongst younger persons who are uncleanly. The pediculi attack the regions of the clavicles and neck first of all; and it is there the first evidences of the disease must be traced. The hæmorrhagic marks are not raised like scratched follicles, nor irregular like excoriations, but round, with a central depression, at the bottom of which is dried blood. The pediculus inserts the proboscis into a pore, which it distends, and as the proboscis is withdrawn the blood wells up to fill the follicle. The irritation and scratching induce the development of papules, whose apices, when scratched off, become covered by scales of dried blood (prurigi-

nous, as it is called). This condition, together with oethymatous pustules, excoriations from scratching, wheals, etc., constitute the secondary eruption of phthiriasis. At first the mischief is localized to the neck and shoulders, but presently it spreads over the back, abdomen, buttocks, etc.

Treatment.—It consists in giving warm baths, smearing the skin with some parasiticide, as (114), (115), (124), to keep away the pediculi, and in carefully baking the clothes worn by the patients at a temperature of 220° F.

Pityriasis consists in an excessive shedding of epithelial scales in the form of brawny desquamation. It may be the result of local irritation or of malnutrition. Pityriasis versicolor is a form of ringworm, and it is described under Tinea. One variety of pityriasis, *P. rubra*, is a very severe disease. It begins on one part of the body as a red scaly spot, and rapidly spreads, so as to involve the whole surface in a very short space of time. The body is intensely red, and covered by lamellar imbricated scales, that are freely exfoliated from day to day. The face is flushed and the scalp even desquamates. It is said to be incurable, but this is certainly not the case.

Treatment.—The slighter forms are relieved by internal tonics and the inunction of oil or some slight astringent. *P. rubra* must be treated as a disease consisting in general hyperæmia of the skin due to nerve paresis. The patient must be wrapped

in oil, and quinine and cod-liver oil must be given after the free exhibition of diuretics, to relieve the hyperæmic skin. Finally, perchloride of iron will be found very useful as convalescence approaches.

Porriga, a term now obsolete, but formerly applied indiscriminately to any crusted eruption or scaly incrustation, especially about the face or head. It included favus, ringworm, eczema, etc

Prickly Heat, or *Lichen Tropicus*, occurs in the tropics mostly, but in a milder form in this country, and in the summer. It is seen as a minute, red, very itchy, pimply rash, due to inflamed sweat follicles. It studs the surface of the body, the limbs, and often the face, and is interspersed with sudamina here and there. The itching is increased by heat, hot liquids, etc.

Treatment.—Exhibit diuretics freely: avoid all stimulants: wear light clothing: take light food: use alkaline baths: and smear the surface with whiting made into a thin paste.

Prurigo must not be confounded with Phthiriasis. It is a rare disease, and is characterized by the development of small, hard, pale or flesh-colored papules, which in their early stage are better felt than seen, accompanied by intolerable itching. The papular rash is primary in prurigo, and not a secondary condition, as in phthiriasis; nor is it in any way caused by pediculi. The papules are due to chronic inflammatory changes in the papillary layer of the derma, and sometimes the deeper stratum

of the skin. They occur mostly on the lower limbs, buttocks, lower part of the abdomen, and outer part of the forearms. The disease is termed *P. milis* if the papules are small or limited in extent, or the itching, and disease generally, not severe. When the disease is well marked, the papules crowd together in certain situations in patches, especially on the legs: they are felt under the skin before being clearly discernible to the eye, and the itching or disordered sensation termed *formication*, is like creeping of ants. To this condition the term *P. formicans* is given. In certain cases where the disease is extensive, and more or less congenital and persistent, it is called *P. agria* or *ferox*. Eczema here supervenes or more or less suppuration occurs, with glandular enlargements in the groin, whilst the skin feels thickened and indurated in the chronic stage. In England the severer form is not common. The writers have only met with few cases, and the disease of milder type has occurred in their experience in those exposed to alternate heat and cold in their occupation, and who have become debilitated.

Treatment.—This should consist in improving the general health, in given arsenic (90 *et seq.*), or (106), in the employment of vapor and alkaline baths, and the use of sedatives, chiefly (23), (30), (34), (69), (71), (74), as they may best suit.

Pruritus, or *itching*, is an accompaniment of most skin diseases, especially eczema, lichen, pru-

rigo, urticaria, scabies, and phthiriasis. But it may arise in the skin without any eruption, and then it is usually due to the circulation of some acidity, as bile products, urea, uric acid, etc.; or to some disorder of the nerves; or it is excited by some local irritant, as, for instance, about the rectum by ascarides, about the head and pubis by pediculi, about the body by flannel, friction, or scratching. It must be remembered that the appearance of the skin is always altered by scratching, as it causes follicles and papillæ to become hyperæmic and prominent; their apices get scratched off, and a drop of blood exudes and dries as a speck. This *pruritic rash* is most erroneously termed *prurigo* (which see). In old people *pruritus (senilis)* occurs as an hyperæsthesia, and consequent on the general atrophy of the skin; but in such persons the causes mentioned above come readily into play.

The following hints relative to the more common causes of itching may be found useful. Itching *increased at night* by the warmth of the bed, with a pimple rash about the front of the arms and the body, is suspicious of scabies. Itching in old people about the shoulders and back, of phthiriasis. At the back of the head in children, of pediculi in the head. Itching, with eruption about the fork of the thigh, of parasitic disease and intertrigo (*ex.*, *eczema marginatum*). Itching of capricious character, suddenly coming and going here and there, especially at night, and without visible eruption in the

daytime, is suspicious of urticaria. In the winter time especially it is not uncommon for the skin in certain persons to be irritable, particularly towards evening, or when the clothes are taken off, and the air obtains access to the skin. The itching in such cases has been termed *pruritus hiemalis*, or winter pruritus. It occurs in various parts of the body, but more especially about the thighs and legs. In some cases no eruption can be seen, but in others there is decided turgescence and prominence of the hair follicles, enough in degree perhaps to constitute lichen pilaris. The disease is supposed to be "neurotic," but it is probably due to inactivity of the perspiratory function in the majority of cases: at the same time there is frequently defective excretion of nitrogenous matters and bile products. It is not exclusively a winter affection, though most common at that time because of the inactivity of the skin. Scratching, it must be remembered, may excite lichen, eczema, ecthyma, and the like, whereby the primary disorder may be masked.

Treatment.—A number of remedies for itching occurring in connection with particular diseases will be found in formulæ (18) to (44), and scattered elsewhere. Starch, borax, or alkaline baths should be administered when the skin is hyperæmic or irritable, and in the early stages of pruritic mischief. In the indolent aspect, or later stages, sulphuret of potassium or mineral acid baths are of decided efficacy. As regards internal treatment, this varies with the

case. Itching due to the circulation of retained excreta may be relieved by appropriate aperient and alkaline remedies, whilst nervine tonics will be suitable for the "neurotic" itching. All parasites and other local irritants must be destroyed or removed (*see* 209 *et seq.*), and flannel especially should not be allowed in contact with the skin in severe pruritis. Further information will be gathered from the special descriptions of the several diseases mentioned here with which itching is associated.

Psoriasis is a disease characterized by hypertrophous growth of the epithelial layers of the skin leading to a heaping together of whitish silvery looking masses of scales, which on being removed disclose a hyperæmic cutis with papillæ, enlarged by engorgement of the vessels. The chief seats of the disease are the elbows, knees, and head, but also the body and limbs generally. The disease is often hereditary. It begins by the development of small spots, *P. punctata*: these gradually enlarge and look like drops of mortar, hence the term *P. guttata*. Soon many acquire the size of a sixpence or shilling and are generally round, and now the name *P. nummularis* or *circinata* is given. In some cases large patches are formed by the coalescence of the spots, so that a great extent of surface is covered; this is called *P. vulgaris*. Should patches take on a serpentine form, the term *P. gyrata* is used, and if the affection is very chronic *P. inveterata*. Lastly, if the crusting is freer than

usual and assumes a conical shape, the name *P. rupioides* is applied, the epithelial elements being in this case mixed with pus; it is dependent on a strumous habit. A common local phase is *P. palmaris*, likely to be confounded with syphilitic disease; but the former is generally a part of a more general affection, and it does not begin nor is it limited to the palm of the hand, as is the syphilitic disease as the rule.

Treatment.—In children cod-liver oil, quinine, iron, and arsenic should be given if the scales are very plentiful and silvery, *see* (90), (92), (106), (107), properly proportioned in dose to the age of the patient. Locally alkaline baths may be used with the inunction of oil as long as the hyperæmia lasts, and afterwards some mild tar application as (70). In adults, gouty conditions must be rectified. If the skin be very hyperæmic diuretics should be exhibited, and the skin simply soothed by alkaline baths and oil inunction. Then arsenic may be given freely, (90 *et seq.*) and (106 *et seq.*). Locally at first mild mercurial ointment, (62), (63), and lastly tarry preparations, (68), (69), (70), (71), may be used. In no disease is more care needed to unravel the exact combination of conditions conducing to the disease. (*See Remarks, Part I., p. 29.*)

Purpura is characterized by minute extravasations of blood, at first bright red and afterwards indigo color. The size varies from pin points to large specks and blotches, and these even run into

patches scattered over the surface, especially on the legs. Slight pyrexia accompanies it, and the eruption cannot be effaced by pressure. This is *P. simplex*. A more severe form in which hæmorrhage takes place more freely into the skin, and from the mucous surfaces, is known as *P. hæmorrhagica*.

Treatment.—The latter condition requires very great care. The former: rest, acids, quinine, perchloride of iron, turpentine (100), gallic acid, etc.

Ringworm, *see* Tinea.

Rodent ulcer is the least malignant form of cancer. It rarely occurs before the age of fifty, and begins as a solitary, indolent tubercle somewhere in the upper two-thirds of the face. This tubercle after two or three or several years cracks and shows a tendency to ulcerate, the ulcer when formed being bounded by hard sinuous edges which are not undermined; the surface is cleanish and no glands become implicated, nor is there any cachexia. The disease makes very slow progress and is painless.

Treatment.—Free excision at the earliest possible moment with or without the subsequent use of caustics. If removed effectually the disease does not return. For caustics, *see* (3), (4), and (5).

Roseola is a hyperæmia of a rosy hue, either symptomatic, and then part only of certain acute febrile disease, as rheumatism, vaccinia, cholera, etc.; or idiopathic, as seen mostly in children during change of season (*R. infantilis*), and in connection with slight stomach derangement. It may be

general and resemble measles, but there are no true catarrhal symptoms; the rash is not crescentic in character, and is more rosy than that of measles. Though it may be distributed more or less wholly over the body, still it is decidedly patchy in character. It may occur in rosy circles and rings (*R. annulata*), especially about the limbs, and in the autumn or summer (*R. autumnalis* and *R. æstiva*).

Treatment.—In the idiopathic forms salines and laxatives should be exhibited and some simple ointment used.

Rupia.—In this eruption small flattish bullæ are developed, with at first clearish contents, quickly becoming like a mixture of blood and pus. The bullæ dry into dark thick scabs hiding unhealthy ulceration. The crusts increase by additional discharge which “dries on” as it were from below as the ulceration increases. They are consequently conical, stratified, dark and adherent, and the “cockle-shaped” crusts are in fact diagnostic of rupia. Should they be moderate in size the disease is termed *R. simplex*, if large and prominent, *R. prominens*; if the ulceration is excessive and phagedænic, *R. escharotica*. The disease is *always syphilitic*.

Treatment.—This should be as for tertiary syphilis (*see* 84 *et seq.*). The ulcers may be cleaned by iodide of starch and dressed with black-wash or (61), (81), (82), (83).

Scabies or *Itch* is caused by the burrowing in the skin of an insect called the *acarus scabiei*. This burrowing excites much itching and some hyperæmic rash; the patient scratches for relief, and so occasions much of the rash that is seen in scabies. Hence scabies consists of an eruption due to the presence of acari in their burrows, together with a secondary rash, the results of the irritation of the skin. The appearance presented by the acarus in its burrow, which is characteristic of scabies, is as follows: Where the acarus enters, a vesicle forms, and the animal's course is traced by a slightly raised straight or tortuous line (*cuniculus*) from one to many lines in length, at the end of which the presence of the imbedded intruder is marked as an opaque spot generally. The furrow or cuniculus becomes discolored by dirt, and then has a dark tint with darker dots along its course, probably the excreta of the acarus. Now these furrows are mostly seen in the adult in the interdigits and about the wrists in the early stage of the disease, but subsequently about the penis at its upper line and other parts of the front of the body. In children the buttocks and feet may alone be the seat of scabies. Of course the furrows lose their characteristic appearance after a good scratching, as they are torn open and the acarus frequently dislodged. If patients are cachectic both the vesicle and the furrow may suppurate, as in so-called *pustular scabies*. The "secondary rash" consists of hyperæmic folli-

cles and papillæ forming papules, of ecchymatous pustules excited by scratching, and sometimes of eczema and urticaria. The results of irritation are seen in early scabies in the adult on the front of the forearms and about the wrists; in chronic scabies on the front of the belly and on the upper part in front and inner surface of the thighs; in children about the lower limbs, buttocks, and abdomen. Scabies is accompanied by marked itching, which is always worse at night, and several members of a family are often the subjects of attack at the same time. Cuniculi are absolutely diagnostic, but if these cannot be detected, itching at night in persons who have a pimply rash in the interdigits or forearms or upper line of the penis is very suspicious, and much more so if several persons in the same family are affected similarly together.

Scabies in Private Practice.—It is important to remark that scabies often differs very much in aspect, according as it occurs in hospital or in private practice. Amongst the poor, and especially the uncleanly, the burrowings of the acari in the skin are attended with the formation of papules, vesicles, pustules, wheals, etc., in abundance. But amongst the well-to-do, and particularly those who observe great cleanliness, the ordinary results of the irritation produced by the acari may be almost, if not entirely, absent. So that if a student were to be guided by the ordinary descriptions given in books of scabies, he would certainly not be able to

diagnose the scabies present. The disease would not answer in description to papular, pustular, or vesicular scabies, and yet true scabies might be present. We have seen several cases lately in which patients complained of itching intensified at night in different parts of the body, and in whose skin nothing could be detected but a few cuniculi about the hands or the penis, and an apology for a vesicle here and there. We have seen a multitude of acarian furrows about the hands and other parts in a case of scabies, and nothing else. In other cases we have observed just a few very fine, delicate, pale, flesh-colored papules, the result of irritation set up by acari present in the skin, and nothing more, and these, which were lichenous papules, were difficult to make out. In all cases in which a patient complains of itching aggravated at night, even though there be none of the ordinary evidences of scabies present, yet a diligent and active search for cuniculi should be made about the hands and penis. We have known patients treated with powerful internal remedies for "prurigo," lichen, and the like for weeks, whilst scabies, which existed, was wholly unsuspected because there were no papules and pustules present. Papules, pustules, and vesicles are indeed accidental accompaniments of scabies, which should be looked upon as consisting essentially of the acari in their furrows (cuniculi)—*i.e.*, the real scabies, and the phenomena of irritation (papules, pustules, etc.)

superadded, which, under certain circumstances, may be entirely absent. Two or three cases of scabies limited to the penis have recently come under our notice. In all of the cases careful search detected cuniculi. In two, suppurating buboes were produced by the irritation, and the disease was thought to be syphilitic. The diagnosis was rendered easy by the absence of any decided induration about the scabies spots, their vesico-pustular origin, pruritis intensified at night, the presence of cuniculi, and the absence of any concomitant evidence of syphilis.

Treatment.—The majority of cases are cured by a free inunction night and morning of (114) or (120) for three nights and mornings. The patient must thoroughly wash himself, and if free from itching on the fourth night may be regarded as well. It is important not to overdo the sulphur inunction, but cease it after a day or two, for it often sets up in itself irritation, and the continuance or increase of itching is taken for an aggravation of the disease. After three days' treatment the remedy may be lightly applied to any solitary vesicles that make their appearance. If any parts feel hot and tender (74) should be used to soothe. In chronic scabies it may be necessary to make freer and more potent applications (110 *et seq.*). Often the free use of storax ointment will be found most effectual; and so also ointments of iodide of potassium and carbolic acid.

Scleroderma is a disease due to hypertrophous growth of the fibro-cellular tissue with infiltration by coagulable fluid. In consequence the skin becomes first of all stiff, then hard, and then indurated like leather, and it cannot be pinched up or wrinkled. The disease is, as a rule, one of adult life; it may come on after exposure, perhaps suddenly and may affect one or more regions, or more or less of the body. It frequently attacks the nape of the neck, or the front of the chest, or a limb. The hardness and induration, which is raised and yellowish looking, may take the form of bands, or occur continuously over an extensive area. The stiffness produced may interfere with respiration or the movements of the face or joints. In some cases it occurs in conjunction with morphœa, or the edge of the sclerodermic band may present the aspect of morphœa.

Treatment.—The disease may gradually diminish under general tonics internally, and friction with oil externally, but treatment, as a rule, is not found to be very influential in curing this disorder.

Scrofuloderma.—This disease commences as indolent, painless, livid tubercles that gradually soften up and give place to foul, ragged, unhealthy ulcers with pallid granulations, free secretion, and may be crusting. Occasionally the ulceration is superficial and creeps along the surface. The scrofulous features will be recognized in this disease

in the family history, physiognomy, physical condition, glandular complications, etc., in the patient.

Treatment consists in administering cod-liver oil, iron, quinine, and good food internally, and locally in the application of iodide of starch to cleanse the foul sores, and then some mild astringent; whilst, in the later stages, soap and mercurial plaster is used with iodine fumigation.

Seborrhœa.—This consists in an excessive secretion of sebum. It may be more or less oily, and give rise to a greasy skin (*S. oleosa*): or it may dry into fatty plates, consisting of dirty white flat scales that feel greasy, and are easily detached, exposing a very slightly reddened and non-excoriated skin in which the sebaceous glands are more distinct than usual. This is the common form of seborrhœa, and constitutes what is termed “dandriff” or “scurf” in the head. Thirdly, the fatty secretion may take the form of little plugs distending the orifices of the glands, and then the skin feels harsh like a file (*S. cornea*). The seats of seborrhœa are especially the scalp and the face. It is liable to be confounded with eczema, but in seborrhœa, although the skin is reddened, there is no breach of surface as is seen when the scalliness and crusting are removed. The follicles are seen also to be more patent than usual, and the incrustation is also soft and greasy, and not the result of the drying of “discharge.”

Treatment.—It is requisite to give tonics and

arsenic, as (90), (93), (94), (108): locally to get off the crusts by oily inunction, and to apply astringents, as (11), (14), (25), (40), (51), (73).

Strophulus or **Red Gum**.—This term has been applied to many different eruptions, consisting of soft red papules in infants; in one case, to hyperæmic papillæ, in another to hyperæmic sweat glands, and again to distended sebaceous glands. So-called strophulus, characterized by bright-red points, seated on the face and arms of children, is, in fact, a hyperæmia of the papillæ or sweat glands, mostly induced by the child being kept very much wrapped up, and so overheated. *S. albidus* is the term given to the small pearly-white specks seen about the face of children, and due to distended sebaceous glands. The hyperæmic states alluded to above are exaggerated by any stomach disturbance.

Treatment.—Some mild aperient and ant-acid should be given, with the adoption of a cool regimen, and the local use of some simple soothing lotion, as (74).

Sudamina is the term applied to the little vesicles formed by distension of the upper layer of the cuticle by sweat. They are apt to occur about the clavicles, neck, or face, but often may be seen in other parts, whenever the skin is stimulated to activity during the establishment of convalescence from pyrexial attacks, or from keeping the body too warm. They are especially frequently seen in acute rheumatism. No treatment is required,

as the vesicles rapidly disappear of their own accord.

. **Sycosis** signifies inflammation of the hair follicles of the beard and whiskers. It may be caused by a vegetable parasite, and then possesses special features (*see* *Tinea sycosis*), or it may arise as an idiopathic inflammation of the follicles, and then is called simply *sycosis*. In this latter form the disease consists in the development of pustules, pierced by a hair, scattered here and there about the hairy parts of the face. The pustules, which indicate that the whole hair sacs are inflamed, may become more or less indurated at their bases, forming quasi-tubercles. If the inflammation is severe, and the pustules are crowded together, there may be considerable discharge and crusting: the derma and connective tissue textures of the affected part being involved, so that the parts are reddened, hot, swollen, and infiltrated, and the patient may suffer great pain. The disease, however, differs very much in severity. It often occurs in the debilitated, the intemperate, the dyspeptic, and eczematous. It often, too, runs a very chronic course, especially in strumous subjects, and in such cases more or less atrophy and loss of hair may result.

Treatment.—It is generally considered that *epilation* rapidly cures the disease, but this is a mistake, and, indeed, the procedure often does harm. It does good if there is much chronic inflammatory thickening involving the deep parts of the follicle

with suppuration, and should be followed by the use of a weak white precipitate ointment. The disease should be treated as a simple inflammation, locally by hot fomentations and soothing remedies in the early and acute stages; subsequently by the use of astringents, as (75), followed by weak mercurial ointments; and lastly, tar or sulphur applications. Internal treatment consists in the use of aperient tonics, as (95), cod-liver oil and iron when needed, and lastly, a course of Donovan's solution where there is much indolent thickening. Where there is much thickening, painting with liquor potassæ, followed up with the use of mercurial plaster, is often of service, but the disease must be indolent for this treatment.

Syphilis of the Skin is met with in connection with hereditary and acquired syphilis.

Hereditary syphilis is practically nearly synonymous with congenital or infantile syphilis. This form is uncommon before the end of the second or beginning of the third week, and it is rare after the sixth month; the usual period of its occurrence is when the child is about three weeks or a month old. No one can mistake the tainted infant; the general aspect is more or less marasmic; the child presents a shrivelled, "old man"-like aspect; the skin is dirty and muddy, has lost its elasticity, and hangs in loose folds; it is dry, often exfoliating, and more or less erythematous about the buttocks. The cry of the child is harsh and cracked (characteristic),

and "the snuffles, produced by inflammation and ulceration of the nasal mucous membrane, are present." The disease is further characterized by the presence of mucous tubercles about the anus or mouth; fissures at the angles of the mouth; ulceration of mucous surface; a high arched palate; inflammation of the thymus gland; various eruptions over the body, especially about the feet and hands, in the form of erythmata or bullæ; a subacute onychia is possibly present; and these, together with a family history of syphilis, are diagnostic.

With regard, however, to the eruption, it is generally in the form of a dull-red erythema of the hands, feet, and perianal region, with or without tubercular formations; but it may in cachectic subjects consist in ugly ulcerations arising out of tubercles, bullæ, or pustules.

The *treatment* consists in gently mercurializing the child by the use of gray powder or mercurial inunction (a small portion of blue ointment being rubbed into the soles of the feet each night), in keeping up the nutrition of the body by good food, by giving cod-liver oil and chlorate of potash, and, if the child is nursed, in giving the nurse a course of iodide of potassium.

Acquired syphilis.—When in the adult an eruption is due to this cause, there is usually imparted to it a coppery tint, and a more or less circular form; the general distribution of the eruption is noticeable, and generally there is absence of pain and

itching; there is a polymorphism about it—*i.e.*, papules, tubercles, and ulcers (occasioning loss of substance), etc., occur together; cachexia, ulcerated throat or tongue, alopecia, nocturnal pains in different parts are often concomitants; and a history of the primary disease may be connected by different links with the present condition by a series of syphilitic occurrences.

Syphilodermata may be divided for all practical purposes into three groups; (*a*) those that are hyperæmic; (*b*) those that have deposit (or new tissue formation) as the main feature; and (*c*) degenerative lesions, the result of suppuration and ulceration of the syphilitic new tissue formed in the skin.

The following sketch may throw light on this subject. The first effect of the syphilitic poison upon the general system is to give rise to syphilitic fever and transitory hyperæmic lesions, as *roseola* and *erythema*. Sufficient time having elapsed for the action of the poison upon the nutrition of the textures, a second period ensues, in which modifications of their normal growth take place—that is, new tissue is formed (granulation or syphilitic tissue), and the results appear in the form of papular, tubercular, squamous, and pustular eruptions, mucous tubercles, gummata, etc. But meanwhile the circulating poison has caused the skin glands to inflame (*syphilitic acne*), and the follicles (*syphilitic lichen*). These commence also in hy-

peramia of the sebaceous glands and follicles, but now not of a transient character, but followed up by infiltration of granular tissue into and about the parts. The nerve-trunks also may become irritated by the poisoned blood, or the deposit about them, and *herpes* and *pemphigus* occur as a consequence. A common occurrence is so-called syphilitic palmar psoriasis, which consists in a hard, indurated, cracked, scaly surface, or hard tubercles about the palm of the hand, and in connection with other signs of syphilis. The further stage of syphilis of the skin consists in the infiltration by the syphilitic granulation tissue of the deeper parts, and more extensively than before of the superficial ones, whilst the patient's general health becomes cachectic. Then, in this third stage the syphilitic tissue softens up, suppurates, or ulcerates; and this latter stage is characterized by degenerative changes in the syphilitic deposit in different parts, as is seen in ulcers, onychia, etc.

Treatment.—Internally in the papular, tubercular, squamous, and pustular syphilides, mercurial treatment is called for, and the bicyanide pill (105) is the best form, and the pill may be given for three or four weeks, or omitted before the gums begin to be affected. See also (84 *et seq.*) and (104). Iodide of potassium may be given at the same time in increasing doses. In the ulcerating forms, if the patient be well nourished and pretty strong, there is no objection to a mercurial course; but where

cachexia is marked, and the patient's condition is one of evident debility, iodide of potassium, with cod-liver oil, or iodide of iron and good food, constitute the best treatment. In cachectic subjects, who are debilitated, restless, and irritable, opium given internally is of much service. In reference to iodide of potassium, it must be borne in mind that its use is beneficial in direct proportion to the duration of the disease; hence when nodes, tubercles, caries, and secondary ulcers are present, or when mercury has been fully used or apparently failed, the dose should be gradually increased by three or four grains every few days, until in the case of old-standing and ulcerating syphilis it reaches thirty or forty grains. In most cases the exhibition of the decoction of various woods is advisable; the compound decoctions of sarza and guaiacum are the best; they keep the skin and bowels acting freely, and thus very materially help the elimination of the poison.

When a patient is under the influence of mercury he should avoid stimulants, cold, and other sources of irritation and catarrh; the indulgence in stimulants, indeed, is a source of infinite harm, and a common cause of aggravation of syphilis of the skin. The diet should be good and nutritious, and the administration of mercury should always be followed up by a course of mineral acids and bitters, or iron and quinine, etc.; or tonics may be

given simultaneously with the specific remedy, and with a liberal hand if the general health is bad.

Mercurial fumigation, which acts both locally and generally, is in great favor with some practitioners. If the skin eruption is extensive it may be employed twice or more a week.

Locally, the erythematous forms require no special application, but a lotion of oxide of zinc and calamine may be used. Should they be obstinate and leave behind any papules, a white precipitate ointment may be used. The squamous and papular eruptions are relieved by calomel ointment, bichloride lotion, and nitric oxide of mercury ointments. The tubercular and ulcerating forms are those which require special local medication; in the former, the weak nitrate, or nitric oxide of mercury ointments, are those more especially useful, and nitrate of mercury may be cautiously used to destroy obstinate indurations; ulcers may be dressed, if painful, with a solution of watery extract of opium, or be dusted over with calomel, or be stimulated with the nitric oxide of mercury ointment, dilute nitric acid, and borax lotions (45), (62), (63), or treated by the local application of mercurial vapor. Should ulcers be very foul and dirty-looking iodide of starch (52) is a good remedy, and when cleansed the sore may be dressed by a weak mercurial application or astringent wash. Formulæ (3), (7), (23), (58), (59), (60), (61), (80), (81), (82), (83), may be referred to.

Tinea is the generic term given to the vegetable parasitic diseases, which are here enumerated:—

1. *Tinea favosa* or favus, caused by a fungus called *achorion Schönleini*.

2. *Tinea tonsurans*, or ordinary “ringworm” of the scalp, caused by the *trichophyton tonsurans*.

3. *Tinea kerion* is a modification of the last, and is caused by the same parasite.

4. *Tinea circinata*, or ordinary ringworm of the body, includes Burmese ringworm, Malabar itch, Chinese ringworm, etc, and is caused by the *trichophyton tonsurans* also.

5. *Tinea sycosis* or mentagra, or sycosis parastica, is caused by the *microsporon mentagraphytes*.

6. *Tinea versicolor*, or Chloasma, or Pityriasis versicolor, is caused by the *microsporon furfur*.

7. *Tinea decalvans*, or area, or alopecia (one form), is caused by the *microsporon Audouini*.

There are two other parasitic diseases which may be mentioned here—viz., *Mycetoma*, or the madura foot or fungus foot of India, caused by the *chionyphe Carteri*; and *Onychomycosis*, or onychia parastica, alluded to at p. 64.

Tinea favosa is rare in England. It attacks the young, and is known by the presence of dry, light, sulphur-colored, cup-shaped, umbilicated crusts, made up of fungus elements, and pierced in the centre by a hair from the underlying follicle. These crusts may run together into a confused mass in some cases.

Treatment.—The point is, after getting off all the crusts by oil soakage, to destroy the parasite by sulphurous acid lotion, and then epilate bit by bit of the surface, and apply such parasiticides as 121, 122, 134, 136, until the microscope shows that the hair is free from fungus.

Tinea tonsurans is very common, but almost unknown in the adult. It is sometimes epidemic in schools, spreading from child to child by contagion. The typical disease consists of circular patches, varying from a sixpence to a five-shilling piece in size or larger, having a slightly raised and scurfy surface, the hairs on which are dry, brittle, lustreless, and broken off close to the scalp. This condition is caused by the fungus attacking the hairs—a fact easily shown by soaking a diseased hair in weak potash solution, and then examining it under the microscope; it will be seen that the hair is invaded to a greater or less degree by the *conidia* of the trichophyton tonsurans. These conidia, when very numerous, besides crowding around the hair shaft, collect into parcels within, and separate the fibres of the shaft one from another, so that the hair is split up. These short, broken-off, opaque, dull hairs are diagnostic. *Tinea tonsurans* and *tinea circinata* are often observed in the same subject, and, in fact, they are essentially the same, only that one occurs on hairy, the other on non-hairy parts.

Treatment.—If the fungus has not got deeply

into the follicle, it can readily be destroyed: therefore the more recent the disease the more easily can it be cured. In very *recent* cases, two or three applications of the tincture of iodine of double strength, or a blistering, may almost if not quite cure; this should be followed by the use for awhile of some mild parasiticide, as (121) or (122). The hair should be cut off the scalp for an inch or so around and about the diseased patches.

In *chronic* cases, if there are many patches scattered over the head, the whole hair should be shaved or cut off close to the scalp; and, if much diseased, the whole head may be soaked in sulphurous acid lotion (125, one part to three or four of water) for a week, to get rid of the disease on the mere surface. Then it is well to epilate over a certain area day by day, subsequently applying (136) cautiously for seven or eight or more applications at intervals of three or four days. The application will form a cake, and this should be removed by grease or soap in a day or two, or when it begins to "flake off," and before a fresh application is made. Blistering may be used instead. In getting off the caking, a number of diseased hairs come away entangled in the flakes, and this may serve in place of a repetition of epilation. It is no use applying (136) to the surface whilst the cake is on it, but a clear surface must be obtained about three days or so after an application. It is advisable to continue the applications until the hair begins to grow out in

a natural direction and manner, and then to apply some mild parasiticide, as (128) or (134). In severe cases, epilation must be carried out again and again over the patches, and parasiticides must not be discontinued as long as a single broken-off hair can be detected, or any little dark stubs are visible, or until the hair grows evenly and well over the surface. The parasiticides that are used are very multitudinous; a few suggestions will be found in the Cutaneous Pharmacopœia.

Tinea circinata, or ringworm of the body, is characterized by the occurrence of patches which are red, scaly, and itchy, circular in form, and with a well-defined edge. It begins as a little red scurfy spot which gradually enlarges, and when it has reached a fair size the skin in the central part *may* be apparently healthy; usually the edge looks red and scaly, the centre generally somewhat paler and less scaly, though covered with a branny desquamation. The edge of the patch may be vesicular, and the disease is evidently inflammatory, though excited by a fungus that spreads equally in all directions, and so produces the circular form. The inflammation falls short of that which occurs in eczema. Any scurfy, red, itchy patch then on the surface of the body should always be examined for fungus elements. The fungus is the same that occasions *tinea tonsurans*, and the two diseases often occur together.

In hot climates especially, the fungus sometimes

luxuriates upon the skin, particularly in the mycelial form, and hence *tinea circinata* occurs in very large patches, that are very hyperæmic at their extending, well-defined edge, but with desquamating and slightly scaly centres. In the fork of the thigh and contiguous parts, patches that have the characters of *tinea circinata* in an exaggerated form occur, and are characterized particularly by the festooning downwards over the thigh from the groin of a red, scaly, itchy patch, that has a *well-defined circular and papular edge*. This is the Burmese or Chinese ringworm.

Treatment.—This is always successful. The constant use of some such parasiticide as (122), (128), or simple tincture of iodine, or an ointment made of five grains of white precipitate and ten to twenty of carbolic acid, will always cure the disease.

Tinea sycosis.—In this disease, which is very rare in England, unlike non-parasitic sycosis (*see Sycosis*), the hairs are loosened, rendered brittle, and, in fact, changed as in *tinea tonsurans*, and the disease is to be treated in a similar manner.

Tinea versicolor (*Pityriasis versicolor* or *Chloasma*).—This disease consists of fawn-colored patches occurring in the parts covered by flannel, especially the front of the chest and the root of the neck. The patches vary in size, and may dot over the surface or run together so as to cover uniformly a large area. They are raised and itchy, and scales can be scraped from them, which under the micro-

scope are seen to be invaded by conidia (in heaps) and the mycelial threads (very wavy) of the fungus—the *microsporon furfur*. The disease is sometimes mistaken for syphilitic maculæ, but the latter are not raised, not itchy, and not scurfy.

Treatment.—Apply (127) regularly and for about ten days or so after all appearance of the disease has vanished.

Tinea kerion is simply *tinea tonsurans* in which the hair follicles are a good deal inflamed and pour out an albuminous fluid. The special features of the disease are—the general prominence of the patch; its perforation with foramina—*id est*, the swollen mouths of the hair follicles; the outpouring of a mucous fluid; the non-suppuration of the swelling, which, although feeling boggy and as about to suppurate, should never be opened; and the looseness of the hairs. The disease leaves temporary bald patches behind, and the fungus is observed to have invaded the hairs, as in *tinea tonsurans*.

Treatment.—Allay the inflammation; epilate; and then use some very mild parasiticide, as in ordinary ringworm.

Tinea decalvans, see Alopecia.

Urticaria, or Nettlerash.—The features that attract attention as altogether diagnostic of this affection are—*firstly*, the sudden way in which the erythematous rash appears and disappears, or, in other words, the capriciousness of the eruption;

secondly, the development of “wheals,” like those caused by the stings of nettles, in the centre of the red hyperæmic patches. It has differences as it occurs in the adult and child.

In the *adult* the wheals are always well marked, and leave no trace of their presence behind when they disappear. The urticaria may be acute, generally the result of some dietetic error—for instance, the eating of shell-fish or some unwholesome irritating food, as potted meats, and there is pyrexia often of a severe character, with even vomiting and prostration. The skin itches dreadfully, and then out comes the wheal eruption. Sometimes the face is attacked and swells enormously, but the eruption at once discloses the nature of the case.

In the *child* the wheals are not so distinct, and are followed by the development of little fleshy papules—hence the term *lichen urticatus*. These papules become “pruriginous” in proportion as the disease is chronic.

In both children and adults the disease may be *primary* and idiopathic, or *secondary* to some other disease, as scabies and phthiriasis. In the latter there will be a history of antecedent disease of the kind mentioned, and the actual concomitants of the symptoms of these diseases. In the idiopathic form the hyperæmia and wheals exist as the sole disease present.

Treatment.—In the *adult* in the acute form an emetic may be given if need be, with alkalies, and

a slight aperient. Chronic urticaria in the adult is much more troublesome. There is no pyrexia, but constant recurrence of redness and wheals with heat and itching. Assuming the existence of an irritable state of skin, the eruption appears to be kept up by dyspepsia and uterine or liver disorder. Large doses of alkalies internally, followed by (95), and, if desirable, arsenic, with bran and alkaline baths (1*a* and 1*b*), or vapor baths if the skin does not act properly, are beneficial. Such lotions as (18), (23), (26), (27), (30), (31), (33), and many like ones may be used. A similar line of treatment must be adopted for the *child* in the early stages, though care should be taken to keep the kidneys acting well, and to give cod-liver oil if the health is poor. Locally, soothing remedies are needed (74); but sulphuret of potassium baths in chronic cases are very efficacious. Ointments of storax or calomel and belladonna will be found successful in allaying accompanying pruritus, especially if excited by animal parasites, such as bugs, fleas, lice, etc.

Vitiligoidea.—This is the term applied to the buff-colored patches that form, especially at the inner canthus of the eye, in those who have suffered from chronic liver disorder and have had jaundice. It occurs also about the general surface of the body as yellow or buff nodules. The treatment required is that for hepatic disease.

Xanthelasma is the term given by Mr. Wilson to Vitiligoidea.

Xanthelasmaidea is a term given to certain buff-colored patches that appear in a scattered form in young children, resembling Xanthelasma. It is, however, very rare, and has no connection with jaundice.

Xeroderma, *see* Ichthyosis.

Zoster, *see* Herpes.

PART III.

CUTANEOUS PHARMACOPŒIA.

BATHS.

1. THE quantity of water in a bath is estimated at *thirty gallons*, and the temperature of the water should be from 90° to 95° F.

(a.) *Bran and gelatine bath*.—The quantities to be used are—of *bran*, 2 to 6 ℔; of *gelatine*, 1 to 3 ℔; or of *size*, 2 to 4 ℔. Used in all *erythematous* and *itchy* and *scaly* diseases.

(b.) An *alkaline bath* is made with from ℥ij to ℥x of *bicarbonate of soda*, or ℥iij of *borax*. It is sometimes useful to add to the bicarbonate of soda some *bran liquor* made by infusing bran in hot water. Used in *eczema*, *psoriasis*, *urticaria*, *lichen*, and *prurigo*, where there is much local irritation.

(c.) An *acid bath* is made with ℥j of *nitric* or *muriatic acid* or a mixture of the two (℥j of each). Used in *chronic lichen* and *prurigo*.

(d.) *Sulphurated potash bath* has ℥ij to ℥iv to each bath. The compound sulphur bath of *Startin* has ℥ij of *sulphur* (præcip.), ℥j of *hyposulphite of soda*, and ℥ss of *dilute sulphuric acid* with a pint of

water. Used in *itch*, *chronic eczema*, *lichen*, and *psoriasis*.

FUMIGATION.

2. To administer a medicinal vapor bath, heat is to be applied simultaneously to the drug and a small tray of water, so that steam and the vapor of the drug may arise and surround the patient's body together. The necessary apparatus may be obtained at any instrument-maker's or easily be improvised. A quarter of an hour should usually suffice for the proper action of the bath.

For a *mercurial* bath fifteen to thirty grains of calomel, and for a *sulphur* bath from one to two ounces of sulphur should be used.

CAUSTICS.

3. Calomel, \mathfrak{z} ijss; bisulphide of mercury, \mathfrak{z} ij; arsenious acid, \mathfrak{z} j. Used in *lupus*, *scrofulous ulcers*, and *syphilis*.—Dupuytren.

4. Caustic potash and water in equal parts. Useful in *lupus*.

5. Acid nitrate of mercury, made by dissolving \mathfrak{z} j of mercury in \mathfrak{z} j of nitric acid (sp. gr. 1.40). Used in *neoplasmata*, etc.

6. Chromic acid, \mathfrak{z} j; water, \mathfrak{z} iv. Used for *warts*, *lupus*, etc.

7. Powdered savin; perchloride of mercury; red oxide of mercury, āā \mathfrak{z} j. Used for *condylomata* and *warts*.—Langston Parker.

8. Carbolic acid, 1 part; alcohol, 1—4 parts. Used in *lupus*, *sypilitic ulcers*.

9. Nitrate of zinc, 1 part; bread mass, 2 or 3 parts. Used in *lupus*, spread thinly on the part.

ASTRINGENTS.

Alum and Zinc.

10. Alum, gr. xx; sulphate of zinc, gr. x; glycerine, ℥j; rose water, ℥iv. Used in *erythema*, *intertrigo*, *eczema*.

Tannic Acid.

11. Tannic acid, gr. xl; French vinegar, ℥ss; distilled water, ℥viiss. Used in *seborrhœa*—*Neligan*.

Myrrh and Zinc.

12. Tincture of myrrh, gtt. xxx; zinc oxide, gr. xx; cold cream, ℥j. Used in *prurigo*, *erythema*, *lichen*.—*Neligan*.

Bismuth and Vaseline.

13. Trisnitrate of bismuth, ℥ij; lead solution, 30 drops; vaseline, ℥j. For *intertrigo*, *eczema*, etc.

Zinc and Glycerine.

14. Zinc oxide, ℥ij; glycerine, ℥ij; lead water, ℥iss; lime water, ℥vj to ℥viiij. Used in the secretory stage of *eczema*, in *acne*, *lichen*, *foul ulcers*, *impetigo*, *herpes*.

Borax and Glycerine.

15. Borax, ℥j or ℥j; glycerine, ℥ij; rose water, ℥viij. Used in *squamous* diseases.

Acid and Lead.

16. Dilute hydrochloric or nitric acid, ℥ss; lead acetate, gr. v to x; glycerine, ℥iss; water, ℥vj. Used in *eczema* and *lichen*.

Alum.

17. Alum, ℥ij; infusion of roses, ℥xx. Used in *acne*, *pityriasis*, and *eczema* (sine crustis).—Cazenave.

SEDATIVES.

Soda.

18. Carbonate of soda, ℥ss; conium juice, ℥j; elderflower water, ℥vj. Used in *eczema*, *lichen*, *urticaria*, to allay itching.

19. Bicarbonate of soda, ℥j; glycerine, ℥iss; elderflower water, ℥viss. Used as above and in *acne punctata*.

20. Borax, ℥ij; cherry laurel water, ℥j; elderflower water, ℥vij. Used in *lichen*.

Morphia.

21. Borax, ℥ss; sulphate of morphia, gr. vj; rose water, ℥viij. Used in *pruritus vulvæ*.—Meigs.

22. Solution of hydrochlorate of morphia, ℥iss;

solution of potash, \mathfrak{z} ij; glycerine, \mathfrak{z} j; cherry laurel water, \mathfrak{z} j; elderflower water, to \mathfrak{z} xij. Used in *pruriginous eruptions*.

Hydrocyanic Acid.

23. Perchloride of mercury, gr. j; dilute hydrocyanic acid, \mathfrak{z} j; emulsion of almonds, \mathfrak{z} vj. Used in *itching, lichen, and prurigo*.

24. Dilute hydrocyanic acid, \mathfrak{z} j; solution of acetate of ammonia, \mathfrak{z} ij; tincture of digitalis, \mathfrak{z} ij; rose water, \mathfrak{z} v. Used in *pruritus, prurigo, lichen, urticaria*.—Thomson.

25. Dilute hydrocyanic acid, \mathfrak{z} ij; borax, \mathfrak{z} j; rose water, \mathfrak{z} vij. Used in *pruritus* of old people.—Neligan.

Cyanide of Potassium.

26. Cyanide of potassium, gr. vj; cochineal, gr. j; cold cream, \mathfrak{z} j. Used in *pruritis, urticaria*.—Anderson.

27. Cyanide of potassium, gr. xv; water, \mathfrak{z} vij. Used in *puddental irritation, lichen, and prurigo*.—Hardy. (N.B.) Keep it in a dark place.

Chloroform.

28. Carbonate of lead, \mathfrak{z} ss; chloroform, \mathfrak{m} iv; cold cream, \mathfrak{z} j. Used in *pruritus*.

29. Cyanide of potassium, gr. iv; chloroform \mathfrak{m} vij; glycerine, \mathfrak{z} j; white wax ointment, \mathfrak{z} vj. Used in *pruritus*.—Neligan.

30. Chloroform, $\mathfrak{z}\text{j}$; glycerine, $\mathfrak{z}\text{iv}$.—Duparc.

31. Bichloride of mercury, gr. iss; chloroform, $\mathfrak{m}\text{xx}$; glycerine, $\mathfrak{z}\text{ij}$; rose water, $\mathfrak{z}\text{vj}$. Used in *itching, papular, and vesicular* diseases, and *urticaria*.—Burgess.

Belladonna.

32. Extract of belladonna, $\mathfrak{z}\text{ss}$; dilute hydrocyanic acid, $\mathfrak{z}\text{ss}$; glycerine, $\mathfrak{z}\text{j}$; water, $\mathfrak{z}\text{xiv}$. Used in *papular* and *phlegmonous* affections.—Startin.

Benzoic Acid.

33. Benzoic acid, 40 to 60 grains to $\mathfrak{z}\text{vj}$ of water. Used in *urticaria* to allay itching.—Ringer.

Digitalis.

34. Tincture of digitalis, $\mathfrak{z}\text{ij}$ to $\mathfrak{z}\text{iv}$; glycerine, $\mathfrak{z}\text{ss}$; rose water, $\mathfrak{z}\text{vj}$. Used in *pruritus* of a purely neurotic character.

Lead.

35. Carbonate of lead, gr. iv; glycerine, $\mathfrak{z}\text{j}$; simple cerate, $\mathfrak{z}\text{j}$. Used in *erythema*.

36. Glycerine, subacetate of lead, and vaseline. Made by Squire, 277 Oxford Street. In *intertrigo*, *eczema*.

Acetate of Ammonia.

37. Solution of acetate of ammonia, $\mathfrak{z}\text{ij}$; alcohol, $\mathfrak{z}\text{ss}$; rose water, $\mathfrak{z}\text{iv}$. Used in *lichen*.—Burgess.

Carbolic Acid.

38. Liquid carbolic acid, ℥ss; water to Oj. Used to allay itching in *chronic eczema* or *psoriasis*.

Zinc.

39. Oxide of zinc, ℥ij; solution of lead, ℥j; wine of opium, ℥j; poppy decoction, ℥iv. Used in *eczema*, *herpes*, etc.

40. Oxide of zinc, ℥j; carbonate of lead, ℥j; spermaceti, ℥j; olive oil, q. s. To make a soft ointment. Used in *seborrhœa*, where the skin is inflamed.—Neumann.

Camphor.

41. Camphor, ℥ss; alcohol, q. s.; oxide of zinc, starch, āā ℥j. Used as a powder to allay *burning heat of eczema*.—Anderson.

42. Camphor, gr. viij; tincture of conium, ℥ij; simple cerate, ℥j.—Neligan.

43. Camphor, ℥ss or ℥j; alcohol, ℥j; borax, ℥ij; rose water, ℥viiij. Used in *pruritus*, *eczema*, and the *erythemata*.

44. Sulphate of atropine, gr. j; borax, ℥ij; glycerine, ℥iij; distilled water to ℥xij. Used to allay *pruritus* in various diseases where skin is not abraded.

Borax.

45. Borax, ℥ij; carbonate of soda, ℥j; glycerine, ℥iss; dilute hydrocyanic acid, ℥xxx; dis-

tilled water, $\bar{3}vj$. Used in *vesicular* and *sebaceous diseases*.

46. Borax, $\bar{3}ij$; oxide of zinc, $\bar{3}j$; solution of subacetate of lead, $\bar{3}ij$; lime water, $\bar{3}vj$ to $\bar{3}viij$. Used in *eczema* and *herpes*.

47. Borax, $\bar{3}j$ to $\bar{3}ij$; glycerine, $\bar{3}j$; lard, $\bar{3}j$. Used in *parasitic diseases*, *eczema*, *erythema*, *intertrigo*, *lichen*.

ABSORBENT POWDERS.

48 (a). Powdered maize, $\bar{3}iv$; oxide of zinc, $\bar{3}j$; calamine, $\bar{3}ss$. Used to *excoriated surfaces*.

48 (b). Powdered maize, $\bar{3}iv$; oxide of zinc, $\bar{3}j$; iris powder, $\bar{3}ss$; oil of almonds, $gtts. x$.

49. The white Fuller's earth, or Cimolite, prepared by Taylor, Baker Street.

STIMULANTS AND ABSORBENTS.

50. Alcohol, oil-cade, soft soap, $\bar{a}\bar{a} \bar{3}j$; oil of lavender, $\bar{3}iss$. Used in *eczema* and *psoriasis*.—Anderson.

51. Soft soap, $\bar{3}ij$; spirits of wine, $\bar{3}j$; dissolve, filter, and add spirits of lavender, $\bar{3}ij$. Used in *seborrhœa*.—Kalicreme of Hebra.

Iodide of Starch Paste. (Univ. Coll. Pharm.)

52. Powdered starch, 1 part; glycerine, 2 parts; water, 6 parts: boil together, and when nearly cold add solution of iodine, 1 part. Useful to cleanse and heal foul sores, especially such as are *syphilitic*.

53. Lead plaster, \mathfrak{z} ss; almond oil, \mathfrak{z} ss; benzoated oxide of zinc ointment, \mathfrak{z} ij. To be used in *eczema* as an astringent dressing.

54. Iodoform, gr. xxx–lx; lard, \mathfrak{z} j. Used to dress painful *burns*, *ulcers*, *chancres*, and *boils*.

Mercurial.

55. Calomel, \mathfrak{z} j; lard, \mathfrak{z} j. Used in *herpes*, *psoriasis*, *pruritus vulvæ*.

56. The oleates of mercury, 5 and 10 per cent. Useful in *ringworm*, *sypphilis*, *sycosis*, etc.

57. Green iodide of mercury, gr. ij to gr. xv; lard, \mathfrak{z} j. Used in *acne*.—Hardy.

58. Calomel, \mathfrak{z} j; camphor, \mathfrak{z} ss; spirits of wine, q. s.; lard, \mathfrak{z} j. Used in *pruritus* of the anal region, and in *syphilitic ulceration*.

59. Bicyanide of mercury, gr. v to gr. x; lard, \mathfrak{z} j. Used for *syphilitic tubercles*.

60. Red oxide of mercury, finely powdered, and ammoniated mercury, $\bar{a}\bar{a}$ gr. vj; lard, \mathfrak{z} j. The “Unguentum mercuriale co.” Used in *sebaceous*, *squamous*, *ulcerous*, *tubercular*, and *papular* eruptions.—Startin.

61. Iodine, \mathfrak{z} ss; glycerine, \mathfrak{z} ij; olive oil, \mathfrak{z} iiijss; strong mercurial ointment, \mathfrak{z} ij. The Linimentum hydrarg. et iodini of Startin. Used in *tubercular* and *cachectic* affections.

62. Ammoniated mercury, gr. xx; nitrate of mercury ointment, gr. xx; acetate of lead, gr. x; oxide of zinc, gr. xx; purified palm oil, \mathfrak{z} ss; fresh

lard, $\bar{3}$ ss. Used in *eczema of the head*, in children especially.

63. Nitrate of mercury ointment, $\bar{3}$ j; solution of lead, $\bar{5}$ iss; oxide of zinc, $\bar{3}$ j; carbolic acid, gr. v; fresh lard, $\bar{3}$ j. Used in inflamed or irritable *psoriasis*.

Sulphur.

64. Iodide of sulphur, gr. x to $\bar{3}$ j; lard, $\bar{3}$ j. Used in *acne*.

65. Milk of sulphur, $\bar{5}$ ij; ether, $\bar{3}$ ss; spirits of wine, $\bar{5}$ ij; glycerine, $\bar{5}$ ij; rose water, $\bar{3}$ vj. To be dabbed on to *indolent acne*, *indurata*, or *rosacea*, allowed to remain a moment or two, and then dried off with linen.

66. Hypochloride of sulphur, $\bar{5}$ ij; carbonate of potash, gr. x; lard, $\bar{3}$ j; oil of bitter almonds, gtt. x. Used in *acne*—Wilson.

67. Sulphur, glycerine, rectified spirits of wine, carbonate of potash, sulphuric ether, equal parts. To be rubbed on to the part affected with *comedo* with friction.

Tar.

68. Tar, alcohol, $\bar{a}\bar{a}$ $\bar{3}$ j. Used in *psoriasis* chiefly.

69. Pyroligneous oil of juniper, $\bar{3}$ j to $\bar{3}$ j; mutton suet, $\bar{3}$ ss; lard, $\bar{3}$ j. Used in *eczema* and *psoriasis palmaris*, etc.

70. Tar, $\bar{3}$ j; camphor, gr. x; lard, $\bar{3}$ x. Used in *pruritus*, and in *vesicular* and *papular* diseases.—Baumé.

71. Detergent solution of tar, $\mathfrak{z}\text{ij}$ to $\mathfrak{z}\text{j}$; glycerine, $\mathfrak{z}\text{ij}$; rose water to $\mathfrak{z}\text{viij}$. Used in chronic scaly, itchy conditions (dilute hydrocyanic acid may be added, $\mathfrak{m}\text{xxx}$).

Silver.

72. Silver nitrate, gr. ij to gr. x ; water, $\mathfrak{z}\text{j}$. Used in *eczema* and *erythemata*.

Bismuth.

73. Bismuth nitrate, $\mathfrak{z}\text{ij}$; mercury perchloride, gr. x ; spirits of camphor, $\mathfrak{z}\text{ss}$; water, q. s. ad $\mathfrak{z}\text{xvj}$. Lotio bismuthi nitratis. Used in *sebaceous*, *pustular*, and *vesicular* diseases, and in *pityriasis*. Use diluted with 1 to 3 parts water.—Startin.

Zinc.

74. Oxide of zinc, $\mathfrak{z}\text{ij}$; calamine powder, $\mathfrak{z}\text{ss}$; glycerine, $\mathfrak{z}\text{ij}$; rose water, $\mathfrak{z}\text{vj}$. Used in *eczema*, especially where the surface is red and tender. A grain of the perchloride of mercury may be added.

75. Sulphate of zinc, $\mathfrak{z}\text{ss}$; oxide of zinc, $\mathfrak{z}\text{j}$; alum, $\mathfrak{z}\text{j}$; glycerine, $\mathfrak{z}\text{ij}$; rose water to $\mathfrak{z}\text{vj}$ or more. Used in scaly stages of *eczema*, *indolent intertrigo*, etc.

Hebra's Ung. Diachyli.

76. This is made by boiling together olive oil, $\mathfrak{z}\text{xv}$, and litharge, $\mathfrak{z}\text{iiij}$ et $\mathfrak{z}\text{vj}$, to a good consistence, and adding oil of lavender, $\mathfrak{z}\text{ij}$. Used in *eczema*, applied twice a day on linen.

77. Subcarbonate of soda, \mathfrak{z} ij; extract of opium, gr. x; slaked lime, \mathfrak{z} j; lead, \mathfrak{z} ij. Used for severe itching in *prurigo*.—Biett.

78. Nitrate of mercury ointment, \mathfrak{z} ij; camphorated oil, glycerine, āā \mathfrak{z} ss. Used in *psoriasis*.

PLASTERS.

79. Camphor, \mathfrak{z} ss; black pitch, \mathfrak{z} vj; yellow wax, \mathfrak{z} ix; red oxide of lead, \mathfrak{z} ij; olive oil, \mathfrak{z} iv. To be melted together till a little burned. Used in *boils*. (*Emplastrum fuscum*.)

80. Mercury, \mathfrak{z} iv; turpentine, \mathfrak{z} ij; yellow wax, \mathfrak{z} iiij; lead plaster, \mathfrak{z} iss. Used in *acne rosacea*—Neumann. (*Emplastrum hydrargyri*.)

81. Mercurial plaster, soap plaster, āā \mathfrak{z} j. Used for *syphilitic papules*, *tubercles*, and *indurations generally*.

82. Ammoniated mercury, \mathfrak{z} ss; soap plaster, \mathfrak{z} ss. Used in *syphilitic excoriations* and *ulcerations*.—Sigmund.

83. Red oxide of mercury, \mathfrak{z} ss; ammoniated mercury, \mathfrak{z} ss; soap plaster, \mathfrak{z} ij. Used in *syphilitic cracks* and *fissures* about the hands, *indurations*, etc.

MIXTURES.

84. Perchloride of mercury, gr. $\frac{1}{16}$ to $\frac{1}{8}$; dilute hydrochloric acid, gtt. x; water, \mathfrak{z} j. Take for one dose.

85. Perchloride of mercury, gr. j; iodide of po-

tassium, $\bar{5}ij$; water, $\bar{5}iij$. A dessertspoonful three times a day. Used in *acne*.—Burgess.

86. Perchloride of mercury, gr. $\frac{1}{16}$; iodide of potassium, gr. v; compound tincture of iodine, $\mathfrak{m}iij$; water, $\bar{5}iss$. Twice a day. Used in *syphilis*.

87. Perchloride of mercury, gr. $\frac{1}{8}$ to $\frac{1}{12}$; arsenious acid, gr. $\frac{1}{20}$ to $\frac{1}{40}$; water, $\bar{5}ss$. For one dose in *chronic syphilis*.

88. Iodide of potassium, $\bar{5}ss$ — $\bar{5}iij$; sal volatile, $\bar{5}iij$; syrup of orange-peel, $\bar{5}iv$; water to $\bar{5}viij$. A sixth part with half a tumbler of water twice a day. The dose of iodide of potassium may be increased gradually up to gr. xxx if required. Used in *secondary* and *tertiary syphilis*.

89. Iodide of potassium $\bar{5}ss$ and upwards; potassium-tartrate of iron, $\bar{5}j$; syrup, $\bar{5}ss$; water, $\bar{5}vj$. One-sixth part for a dose in *chronic syphilis* in anæmic subjects.

90. Wine of iron, $\bar{5}iss$; simple syrup, $\bar{5}ss$; Fowler's solution, gtt. xlvij; distilled water, to $\bar{5}vj$. Dose: a tablespoonful twice or thrice a day.

91. Fowler's solution, $\mathfrak{m}lxxx$; iodide of potassium, gr. xvj; iodine, gr. iv; orange-flower water, $\bar{5}ij$. Dose: a teaspoonful with water three times a day. Used in *eczema*.—Neligan.

92. Cod-liver oil, $\bar{5}ij$; yolk of egg, $\mathfrak{m}j$; Fowler's solution, $\mathfrak{m}lxiv$; syrup, $\bar{5}ij$; distilled water, q. s. ad $\bar{5}iv$. Dose: one teaspoonful three times a day. —Wilson.

93. Arseniate of soda, gr. i to ij; distilled water, ℥viij. Dose: one tablespoonful twice daily.

94. Hydrochloric solution of arsenic, ℥ss; dilute hydrochloric acid, ℥j; tincture of the perchloride of iron, ℥iss to ℥iij; water, ℥viij. Dose: a sixth part three times a day. In *psoriasis* and *eczema* in anæmic subjects.

95. Sulphate of magnesia, ℥iij; sulphate of iron, gr. xij; dilute sulphuric acid, ℥ss; infusion of quassia, q. s. ad ℥viij. Dose: one-sixth part twice daily. Used in *acne*, *eczema*, *impetigo*, and *ulcerous affections*. Quinine may be added if desirable.

96. Sulphate of magnesia, ℥iv; carbonate of magnesia, ℥j; tincture of colchicum, ℥xxxvj; oil of peppermint, ℥ij; water, ℥viij. Dose: a sixth part. Used in *erythemata*, *papular*, and *acute forms of disease* in loaded habits.

97. Bicarbonate of soda, ℥iij; tincture of calumba, ℥iij; sal volatile, ℥iij; dilute hydrocyanic acid, ℥viij; syrup of ginger, ℥iij; water, ℥vj. Dose: a sixth part an hour before two principal meals. Used in *dyspepsia*.

98. Acetate of potash, ℥j; acetic acid, ℥ss; spirits of nitrous ether, ℥iss; fluid extract of taraxacum, ℥ij. Dose: a teaspoonful with water before meals. Used in *acne indurata*.—Bulkley.

99. Iodide of sodium, gr. lx; compound decoction of sarsaparilla, ℥viij. Dose: a sixth part three times a day in obstinate *syphilitic eruptions*, where iodide of potassium disagrees or fails.

100. Turpentine rectified, ℥ss to ℥iss; creasote, ℥iij; spirits of rosemary, ℥xl; water, q. s. ad ℥iv. Dose: two teaspoonfuls every three hours. Used in *purpura*.—Budd.

101. Acid tartrate of potash, ℥iij; decoction of broom, ℥vj. Dose: two tablespoonfuls three times a day. Used as a diuretic and aperient in *eczema of the legs* with œdema.

102. Acetate of potash, ℥iij; vinegar of squill, ℥iij; sweet spirits of nitre, ℥xx; compound decoction of broom, ℥viiij. Dose: a sixth part thrice a day. Used as a diuretic, where the skin is very hyperæmic and the urine not freely voided. Digitalis may be added if desired.

103. Strychnine, gr. $\frac{1}{2}$ —1; dilute phosphoric acid, ℥iij; tincture of orange-peel, ℥ss; infusion of cloves, ℥xj. Dose: half an ounce three times a day. Used in *prurigo* and *lichen*.

PILLS.

104. Red iodide of mercury, gr. j to ij; extract of gentian, ℥ij. Make 12 pills. One pill twice a day.

105. Bicyanide of mercury, gr. j; quinine, gr. xx; extract of gentian, gr. xxx. To make 20 pills. One twice a day. Used in ordinary *symphilitic* eruptions.

106. Arseniate of soda, gr. ij; water sufficient to dissolve; guaiacum powder, ℥ss; sulphurated mercury, ℥j. Mucilage sufficient to make 24 pills.

One pill two or three times a day. Used in *chronic skin diseases*.—Wilson.

107. Levigated arsenious acid, gr. v; powdered acacia, ℥ss; cinnamon powder, ℥ij; glycerine, enough to make 100 pills. (Pil. arsenicalis comp.)
Dose: one or two a day.

108. Arsenious acid, gr. j; quinine, gr. 20–30; dried sulphate of iron or reduced iron, gr. xl–lx; extract of hop, gr. x; extract of gentian, q. s. To be well mixed and divided into 20 or 16 pills. One twice a day after a meal. Used in chronic skin diseases with debility.

109. Quinine gr. 1 to 2; reduced iron gr. ij; extract of nux vomica gr. $\frac{1}{4}$; extract of chamomile gr. j. To be taken twice or thrice a day.

REMEDIES FOR SCABIES AND PHTHIRIASIS.

110. Sulphurated potash, ℥vj; hard soap, ℔ij; olive oil, Oij; oil of thyme, ℥ij. Used in *scabies* and *prurigo*.

111. Olive oil, ℥ij; sulphate of potash, ℥xv; sulphate of soda, ℥xv; precipitated sulphur, ℥x. Used in *scabies*.—Mollard.

112. Sulphur, tar, āā ℥vj; soft soap, lard, āā ℥xvj; chalk, ℥iv. Used in *scabies*.—Hebra.

113. Lard, ℥ij; sulphur, ℥v; carbonate of potash, water, āā ℥ij. Used in *scabies*.—Hardy.

114. Sublimed sulphur, ℥ss; ammoniated mer-

cury, gr. v; creasote, gtt. iv; olive oil, ℥ij; fresh lard, ℥j. Used in *scabies*.

115. Olive oil, ℥ss; lard, ℥ss; powdered staves-acre, ℥ij. Soak the stavesacre in hot oil and mix. Used in *phthiriasis*.

116. Quicklime, lbj; flowers of sulphur, lbij; water, lbxx. Boil until 12lb remain, and then filter. Used in *scabies*.—Vlemingk's Solution.

117. Iodide of potassium ointment is very efficacious in *scabies*.

118. Sulphur ointment, ℥ij; oil of chamomile, gtt. xx. Used in *scabies*.

119. For phthiriasis the ordinary white precipitate ointment of the Pharmacopœia is as good a remedy as any, diluted from 5 to 10 times.

120. Liquid storax, ℥j; lard, ℥ij. Melt and strain. Used in *scabies*.—Anderson. A little sulphur may be added if thought desirable.

REMEDIES FOR VEGETABLE PARASITIC DISEASES.

121. Perchloride of mercury, gr. x to xx; elder-flower ointment, ℥j. Used in the early stages of *fovus* and *tinea tonsurans*.

122. Carbolic acid, ℥j; glycerine, ℥ss to ℥j. Used in *tinea tonsurans*. Or the same with rose water, ℥iv, in *tinea circinata*.

123. Hyposulphite of soda, ℥iij; dilute sulphurous acid, ℥ss; water, q. s. ad ℥xvj. Used in all forms of parasitic disease.—Startin.

124. Perchloride of mercury, gr. ij to iv; alcohol, \mathfrak{z} iv; chloride of ammonium, \mathfrak{z} ss; rose water, q. s. ad \mathfrak{z} vj. Used in *scabies*, *phthiriasis*, and *tinea versicolor*.

125. Saturated solution of sulphurous acid, 1 part; water, 2-4 parts. Used in all the *tineæ*.

126. Pyroligneous oil of juniper, \mathfrak{z} ij to \mathfrak{z} iv; lard, \mathfrak{z} iiss. Used in *tinea*.

127. Hyposulphite of soda, \mathfrak{z} iv; glycerine, \mathfrak{z} j; distilled water, \mathfrak{z} vj. Used in *pruritus vulvæ* and *tinea versicolor*.

128. Ammoniated mercury, gr. vj-xxx; red oxide of mercury, powdered, gr. vj-xxx; lard, \mathfrak{z} j. Used in all forms of ringworm.—Startin.

129. Strong ammonia liniment, \mathfrak{z} ss; castor oil, \mathfrak{z} ss; spirits of turpentine, purified, \mathfrak{z} ss; ammoniated mercury, gr. xv. Brush into the scalp with a hard brush until irritation is set up. For *Baldness*.

130. Tincture of cantharides, \mathfrak{z} j; distilled vinegar, \mathfrak{z} iiss; glycerine, \mathfrak{z} iiss; spirits of rosemary, \mathfrak{z} iiss; rose water, \mathfrak{z} viiij. To be well sponged into the scalp night and morning.

131. Blistering fluid, \mathfrak{z} j; sulphate of zinc, gr. xx; balsam of Peru, \mathfrak{z} iiss; powdered galls, \mathfrak{z} ij; lard, \mathfrak{z} j. For *tinea tonsurans*.

132. Subacetate of copper, gr. xxx; birch oil, \mathfrak{z} iiij; lard, \mathfrak{z} j. Same.

133. Sulphur, tar, tincture of iodine, āā \mathfrak{z} j; lard, \mathfrak{z} j. Same.

134. Carbolic acid, \mathfrak{z} j; sublimed sulphur, \mathfrak{z} iiij;

tincture of iodine, ℥iij; vaseline (gelatum petrolei) or lard, ℥j. In *tinea tonsurans*.

135. Blistering fluid, ℥j; sulphate of copper, ℥ij; powdered galls, ℥j; vaseline, ℥j. For ringworm.

136. Iodine, ℥j—ij; colorless oil of wood tar, ℥j. This preparation is known as "Coster's paste."

DIET IN SKIN DISEASES.

There are one or two observations to be made on this subject that may be of use in the management of these diseases.

Firstly.—A distinction must be made between the diet of the private and hospital patient. The latter often only requires to be well fed up, and his disease then speedily goes; the former, on the other hand, often needs to have a check put on the quantity and quality of his food.

Secondly.—In children skin diseases may arise directly from defective alimentation, as in the case of eczema; and it is frequently the case that the child, the subject of eczema, intertrigo, or psoriasis, has not a sufficient supply of *milk*, either from excessive dilution or otherwise.

Thirdly.—The regulation of the diet, setting aside the question of quantity or quality, is as a rule needed not so much to directly influence the skin disease as certain states of the general health; which modify the particular disease present; for instance to meet especially dyspeptic, gouty, and rheumatic conditions, but particularly the former.

In dyspepsia in connection with eczema, acne, psoriasis, or congestion of the face, it is advisable, especially if the urine be very acid, to avoid sugar, tea, coffee, alcoholics, beer, raw vegetable matter, with unripe or uncooked fruit, veal, pork, seasoned dishes, pastry, and the coarser kinds of vegetables, but especially all articles whose use is followed by heat or flushing of the face and by flatulence and the like. Milk, the common meats, a light kind of bread, and some very light wine should be the diet of dyspeptic patients, whose skins are at all in a state of irritation. In very many cases the stomach is at fault at the outset, and a careful regulation of the diet is of the utmost importance as an aid to the other means adopted to correct faults in other parts of the system.

In gouty subjects much the same line is to be pursued. As regards stimulants, hock, a good light claret, Moselle even, but not the sparkling, or whisky in Vals water, are the best beverages.

In strumous subjects, the diet should consist of as much fatty matter as possible.

Fourthly.—In children who suffer from ringworm, it is desirable to give as much fatty matter as possible, by means of milk, cream, eggs, and fat meat if they be got to eat it.

Fifthly.—In syphilis, the greatest care should be taken to avoid anything beyond the most moderate use of stimulants: their abuse in this disease is a source of the greatest aggravation.

Sixthly.—In all cases in which the onset or early stage of a skin disease is accompanied by febrile disturbance, however slight, or in which the disease is very hyperæmic, stimulants should be avoided, and the plainest and simplest diet ordered. In marked cases of this kind, a milk diet for a while is often found to be very beneficial.

Seventhly.—In some cases in which the skin is hyperæmic, this condition is much increased by the ingestion of food, especially if dyspepsia exists, in consequence of the sympathy existing between the stomach and the skin of the part affected. This state of things is especially marked in such diseases as acne, congestion of the face, and non-parasitic sycosis. Stimulants must be avoided, except they be diluted with some alkaline water: the use of a diet appropriate to the dyspepsia must be rigorously enforced.

Eighthly.—It is said that psoriasis requires an ample meat diet; but the patient must be dieted, and not his disease—*i. e.*, the diet should be plain and nutritious, and adapted to the constitutional peculiarities of the individual according to circumstances.

Ninthly.—In all cases where a skin disease has become chronic, and where there is debility, the patient should be allowed a full, unstimulating diet.

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Epitome of skin diseases, with 1876

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